

INFORMATION FOR TEACHERS, COACHES, COUNCELLORS, PHYSICIANS and DENTISTS



*Celebrate
Every
Body!*

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Hope's Garden Disclaimer

The information and services provided by Hope's Garden, Eating Disorders Support and Resource Centre are not a substitute for medical treatment or psychological care. Hope's Garden offers support and information but not treatment. For medical treatment for the physical and emotional problems associated with eating disorders, consult your physician and/or a competent mental health professional.



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OBJECTIVES OF THIS INFORMATION PACKAGE

- Knowing how to recognize when a person is suffering with an eating disorder
- Knowing your role in addressing someone's eating disorder
- Knowing how you can encourage someone in accessing help for an eating disorder

WHAT IS AN EATING DISORDER?

An eating disorder is a psychological disorder, such as anorexia nervosa or bulimia nervosa, which involves insufficient or excessive food intake. Eating disorders are very complex problems and there is no single cause that leads to their development. Eating disorders are serious and potentially life-threatening chronic problems.

Anorexia Nervosa

Anorexia nervosa is characterized by drastic weight loss from excessive dieting, and intense fears of weight gain even when extremely thin.

Bulimia Nervosa

Bulimia nervosa is identified by recurrent episodes of binge-eating followed by some form of purging such as self-induced vomiting, laxative abuse, fasting or excessive exercise to avoid weight gain.

Binge Eating Disorder

Binge-eating disorder is characterized by frequent binge-eating and a sense of lack of control over eating. Those who suffer from binge-eating disorder are usually above the average weight.

WHAT ARE COMMON SYMPTOMS OF EATING DISORDERS?

Anorexia Nervosa – Signs/Symptoms

Physical Signs

- Extreme weight loss
- Loss of menstruation (amenorrhea)
- Dizziness or fainting
- Sleep disturbances
- Thin and brittle hair and nails
- Low body temperature leading to complaints of feeling cold

Symptoms of Eating Disorders (continued)

- Periods of hyperactivity
- Fatigue
- Dry Skin
- Lanugo - the increased growth of fine, downy body hair
- Pale and anemic appearance

Behavioural Signs

- Preoccupation with food and weight
- Unusual eating habits (example: only eating certain foods, strange rituals)
- Denial of problems
- Distorted body image (although the person is thin they may view themselves as fat)
- Intense fear of weight gain
- Perfectionism
- Compulsive exercise
- Wearing baggy or layers of clothing to conceal thinness
- Withdrawal from others
- Hoarding of food
- Frequent weighing or measuring of body
- Inflexible behaviour
- Thinking in extremes (example: "either I'm fat or I'm thin")
- Low self-esteem
- Difficulty adapting to change

Bulimia Nervosa – Signs/Symptoms

Physical Signs

- Frequent weight fluctuations
- Irregularities in menstrual cycle (amenorrhea)
- Sleep disturbance
- Fatigue
- Bloodshot eyes or dark circles under eyes
- Swollen glands/puffy face
- Frequent sore throats
- Frequent bloating and abdominal pain
- Dizziness or fainting
- Pasty complexion
- Sores on inside of mouth
- Rashes around the mouth
- Increase in dental problems due to the erosion of tooth enamel

Symptoms of Eating Disorders (continued)

Behavioural Signs

- Tends to alternate between periods of dieting and binge eating
- Eats excessive amounts of food but with little weight gain
- Fear of fat
- Low self-esteem, shame and disgust over bingeing and purging
- Highly critical of body size and/or shape
- Disappears after meals, evidence of vomiting or laxative abuse
- Secretive eating
- Mood swings
- Poor concentration
- Difficulty adapting to change
- Tends to think in extremes (example "Either I'm a success or I'm a failure.")

Binge Eating Disorder – Signs/Symptoms

Physical Signs

- Fatigue
- Weight gain
- Sleep disturbances
- Physical deterioration

Behavioural Signs

- Unable to satisfy hunger
- Frequent snacking
- Secretive eating
- Mood swings
- Memory lapses
- Rapid out of control eating
- Emotional eating (eats in response to anger, sadness, fatigue, anxiety, loneliness ect...rather than to cues of hunger)
- Self-hatred
- Preoccupied with thoughts of diets
- Loss of interest in activities
- Hoarding of food

HOW DOES AN EATING DISORDER DEVELOP?

There are many theories on the factors that lead to the development of an eating disorder. What is important to remember is that there is no single cause for the development of an eating disorder. Instead, there are many factors that in combination can contribute to the development and maintenance of eating disorders. It is also important to pay attention to individual differences of experience with regards to the factors described below.

Social Factors

- The teenage years pose an especially difficult and vulnerable time for most teens. Puberty hits and many teens are subjected to teasing by their peers. The feelings of inadequacy, the poor self-image, the anxiety and loneliness experienced by many teenagers may contribute to or aggravate an eating disorder.
- Sometimes appearance-obsessed friends or romantic partners create pressure that encourages eating disorders
- Cultural norms that value people on the basis of physical appearance and not inner qualities and strengths
- Cultural pressures that glorify thinness and place value on obtaining the perfect body by means of diet, starvation and over-exercise
- Some people who develop eating disorders may seem to be living exciting lives filled with friends and social activities, but later they will confess that they did not feel they really fit in, that no one seemed to really understand them and that they had no true friends or confidants with whom they could share thoughts and feelings

Media Factors

- As a teenager, feelings of inadequacy are easily influenced by the media, which sets unrealistic standards and unachievable goals in terms of looks.
- The media promotes a body image which is extremely thin, perfectly shaped and flawless. While this body type is presented as glamorous and achievable, for the most part it is fake.
- How we feel about our body image is most fragile in adolescence due to the physical changes of puberty. The tendency to compare ourselves with those around us is also at its peak during this time. Teens can find themselves in a subculture or dieting, reflecting messages not only from the media, but also from parents, peers and members of the opposite sex
- Images in the media are air-brushed and optically distorted using lighting and computers. In addition, teens are promised that if they achieve these low weights and perfect shapes, they will be healthier and happier. The truth is that some teens that are affected by these cultural

How Eating Disorders Develop (continued)

images practice extreme dieting in order to look like their role models. This is especially dangerous because a diet can easily snowball into an eating disorder. Dieting can become addictive

- Sometimes teens involved in certain sports might feel they need to be thin to compete. Girls who model might also be more likely to develop an eating disorder because their bodies are being watched closely

Family Factors

- Sometimes eating disorders seem to run in families
- Parents can increase a child's risk of developing an eating disorder if they are overly concerned about their child's looks or if they aren't comfortable with their own bodies and/or engage in unhealthy eating habits or behaviours
- Some other family factors include families that are over-protective, rigid and characterized as having poor conflict resolution skills

Psychological Factors

- There are many emotional and psychological factors that contribute to an eating disorder such as low self-esteem, depression, anxiety, a personality disorder, anger or loneliness.
- High expectations from parents, media, friends, family, coaches and society in general can often lead to feelings of inadequacy or lack of control

Interpersonal Factors

- Some individuals who develop an eating disorder have a history of physical and sexual abuse or a history of being teased or ridiculed based on body size and weight
- Troubled family and personal relationships, or a traumatic life event, such as a parent's divorce or death have also been identified as a contributor to the development of an eating disorder
- Sometimes the difficulty in expressing emotions and feelings can also contribute to an eating disorder.

WHAT IS THE PREVALANCE OF EATING DISORDERS?

- The incidence of eating disorders in London youth is higher than the Canadian average (Fisman et al., 2000)
- Onset of eating disorders can range from age 4 to over 75 years of age
- In women ages 15-29 the prevalence of eating disorders is from 3%-10%
- A Toronto study looking into the eating habits of Ontario school girls aged 12 to 18 found the following:
 - 27% have disordered eating attitude and behaviours that are precursors to anorexia nervosa and bulimia nervosa
 - 23% were on diets
 - 15% reported binge eating
 - 8.2% admitted to self-induced vomiting
- 81% of 10 year olds are afraid of being fat
- 98% of females are dissatisfied with their bodies
- Eating Disorders have the highest mortality rate of all mental illnesses

WHEN ARE YOU LIKELY TO SEE EATING DISORDERS?

Most girls who develop eating disorders do so between the ages of 11-14 and there are many reasons why. The most common age to develop Anorexia Nervosa is age 13, while the most prevalent age of onset for Bulimia Nervosa is age 17. Children as young as 6 years old have been diagnosed with an eating disorder. In a study of children ages 8 to 10, approximately half of the girls and one-third of the boys were dissatisfied with their size.

WHAT CAN YOU DO?

You have a unique opportunity to address eating disorders and help that person seek treatment. However, the subject is a sensitive one so there is a right and a wrong way to go about talking to someone who you may think has an eating disorder.

Address Eating Disorders as the Opportunity Arises

- Address eating disorders as early as possible
- Eating disorders are difficult to treat and do not go away on their own
- Early intervention will significantly increase the likelihood of successful treatment
- Be observant and respectful
- Once you see a consistent pattern of eating disordered behaviour it is important to intervene

What You Can Do (continued)

Basic Rules for Addressing Problems

- Write down behaviours that concern you
- Organize your concerns
- Discuss your concerns with that person
- Agree on a plan of action
- Follow-up with the person and acknowledge their success

Intervention Basics

1. Be aware - know the symptoms of eating disordered behaviours
2. Assess the person's motivational stage and use this information to appropriately address the behaviour you are concerned about
3. Address concerns as soon as you have observed an ongoing pattern of behaviour that concerns you.
4. Tell the person what you see.
5. Be clear about the impact this behaviour is having or could potentially have on the person's life.
6. Talk to the person in a way that supports their self-esteem. The symptoms are not the person. The person is addressing their issues with the tools they know how to use. Eating disordered behaviour is an attempted solution that creates momentary relief but does not successfully address the underlying problem.
7. Do not get in a power struggle with the person. Eating disorders are often about creating control, to cope with the fear/anger of not being in control. If you attempt to exercise control, the person's eating disorder is likely to intensify.
8. If possible, intervene in a way that will allow you to maintain your relationship with that person.
9. Let the person know they have choices. It is helpful to know what options exist for that person before you talk to them.
10. Follow up. Eating disorder behaviour is chronic and will require multiple episodes of treatment and support over many years.

Constructive and Destructive Communications

Constructive Communication

- Tell the person that you value them
- Focus on observable behaviour that concerns you
- Focus on the problem, issue or behaviour – it is the behaviour that is extremely difficult, not the person
- Invite a collaborative problem solving approach
- Be prepared for reactive responses

- Monitor your own reactive responses
- Help the person move forward to seek help

What You Can Do (continued)

- Offer resources and information
- Try not to be surprised at what they tell you

Destructive Communication

- Making assumptions about what the person is going through/how they feel
- Being judgmental
- Telling the person how to deal with their problems
- Letting them sidetrack you with promises or excuses
- Feeling like you have to protect or rescue that person
- Ignoring or covering up the situation

Your Role When Dealing With A Mental Health Issue

- You are NOT a counselor or psychologist
- You are NOT expected to solve the person's mental health issue
- DO care about the person's well-being
- DO notice their problems and take action
- DO be willing to help the person access professional support

WHAT GETS IN THE WAY OF ADDRESSING EATING DISORDERS?

- Underestimating the risk to a person facing an eating disorder
- Fear and discomfort
- Lack of knowledge – support or resources
- Not wanting to act in an area in which we don't feel competent

Remember: It's not your role to fix the problem, only to identify that person's needs and refer them to a professional so that they can get help.

WHAT IF THE ISSUE IS AN EMERGENCY?

If you think that the person is at immediate risk:

1. Keep the person safe
2. Call 911
3. Stay with the person until EMS arrives
4. Contact the person's family if you have that information
5. Follow-up

Emergency Situation (continued)

If you think the person is having a mental health crisis:

1. Introduce yourself and explain why you are present
2. Remain courteous and non-threatening but honest and direct
3. Listen to the person in a non-judgmental way
4. Avoid confrontation at all costs – be prepared to agree to differ with the person’s perspective
5. Clarify and address what the person sees as the major issues first
6. Encourage and assist the person in receiving professional help
7. Finally, if the incident was traumatic for you, discuss these issues with a friend or professional.

INFORMATION FOR COACHES

Eating Disorders Among Athletes

Many sports create risks for an athlete to develop an eating disorder. Certain sports such as gymnastics, swimming, bodybuilding and wrestling can all lead an athlete to develop an eating disorder because athletes must maintain a certain body size to remain competitive. These sports also put athletes at risk because they are focusing entirely on the individual. This area of the toolkit is designed to help coaches learn about what can cause eating disorders among athletes and what coaches can do to protect athletes from developing an eating disorder. There is also a sample script on how to talk to an athlete you suspect has an eating disorder.

Factors that Could Create Risk for an Athlete

- Believing that a lower body weight will improve his/her performance
- Training for a sport for a long period of time or trying to become an elite athlete
- Low self-esteem or self-worth
- Family problems or a family history of eating disorders
- Peer and cultural pressures to be thin
- History of sexual or physical abuse or another traumatic life experience
- Performance anxiety
- Family or peer pressure about athletic performance
- Coaches who are too focused on an athlete’s success as opposed to whom they are as a person

Information for Coaches (continued)

Factors That Can Protect Athletes from Developing an Eating Disorder

- Support from teammates with healthy attitudes about body image
- Coaches who support their athletes as a person and not just their performance
- Coaches who don't focus on body weight and shape

What Coaches Can Do

1. Pay attention to the warning signs of eating disorders and take them seriously. Eating disorders can lead to suicide or cardiac arrest.
2. If you notice an athlete is chronically dieting or has odd eating habits, refer them to a professional. If untreated the problem could turn into an eating disorder.
3. Avoid focus on weight and avoid weighing athletes when possible. Do not make comments about weight either.
4. Do not tell athletes to lose weight to enhance their performance. Performance should not come at the expense of an athlete's health!
5. Obtain basic education about the signs and symptoms about eating disorders (included in this package)
6. Provide information to your athletes about healthy body weight, weight loss and nutrition or invite a health professional in to talk about eating disorders and how they affect athletes.
7. Emphasize the health risks of being underweight.
8. Understand why weight is such a sensitive issue and do not make comments about an athlete's weight.
9. If you discover an athlete has an eating disorder don't automatically stop them from performing. Consider that person's emotional and mental health before making a decision about their level of performance.
10. As a coach, think about your own values and attitudes regarding weight and how those values may be influencing your athletes' self-esteem and self-image.

Scripts

The following is an example of how you might go about talking to an athlete you suspect may have an eating disorder:

Coach: Great practice today Alison. I've noticed that you have slowly been intensifying your training and that you have been steadily losing weight. Have you noticed?

Alison: Yeah, it's great. I'm feeling great.

Information for Coaches (continued)

Coach: I'm glad to hear that, you're a wonderful athlete but I have started to be concerned that you might be hurting yourself if your weight drops too low.

Alison: What do you mean?

Coach: There's an optimum body weight for any sport, our bodies need a reserve, if we go below that, or if we over train we could hurt ourselves.

Alison: I'm OK.

Coach: Yes, I can see that. Your performance is still impressive, but I'm concerned that if you continue to lose weight, your health and your performance may be negatively affected in the future. To keep your performance at its best, do you think this would be a good time to look into making a shift?

Alison: Really, I'm OK.

Coach: Yes, I believe that. Would you be ok setting a training weight as a goal?

Alison: Not really, I think I'm performing better when I'm lighter.

Coach: I'm concerned that this might be a short term gain in performance at a long term cost to your health. Maybe it would be a good idea if you checked this out with your family doctor?

Remember to follow the 10 Rules of Intervention (as outlined in this information package) and follow up with the athlete.

A few weeks later:

Coach: Your performance today was great. Did you have a chance to check in with your family doctor about the training weight concern?

INFORMATION FOR DENTISTS AND FAMILY DOCTORS

Information on Eating Disorders Regarding Oral Health

It is often dental complications that cause patients with an eating disorder to consult a health professional. Dentist, dental hygienists and family doctors are often the first people to notice that a patient has an eating disorder but many do not address these concerns with the patient. This is mostly because the doctor or dentist is either unfamiliar with the severity of eating disorders or feels uncomfortable bringing up the subject. This area of the toolkit is designed to help dental professionals and family doctors recognize the signs and symptoms of an eating disorder. There is also a sample script included on how to talk to a patient you suspect may have an eating disorder.

Information for Dentists and Family Doctors (continued)

Signs and Symptoms Specifically Related to Oral Health

- Loss of tissue and erosive lesions in the mouth due to the effects of stomach acid These lesions can form as early as 6 months from the start of the problem
- A change in the colour, shape and length of the teeth. Teeth can become brittle, translucent and weak
- Increased sensitivity to temperature
- In extreme cases pulp may be exposed and there could be infection, discolouration or even pulp rot
- Enlarged salivary glands
- Dry mouth
- Red, dry, cracked lips

Tooth decay, which may be caused by excessive tooth brushing or rinsing after vomiting

- Tooth decay, which may be caused by excessive tooth brushing or rinsing after vomiting
- Spontaneous pain within a particular tooth

Scripts

The following is an example of how you might talk to a patient who you suspect has an eating disorder:

Dentist: Suzy, I very concerned about your oral health. I am noticing that you have lesions in your mouth.

Suzy: Really?

Dentist: I'm concerned because this is something I usually see in patients who have been sick and vomiting frequently.

Suzy: Oh.

Dentist: Can you tell me about any more behaviours that may be causing these problems?

Suzy: No.

Dentist: Are you seeking medical help for this condition that may be causing the sores in your mouth?

Suzy: No.

Dentist: It's very important to seek professional help I suggest you contact a doctor. I would also like to suggest some options for improving your oral health, such as this antiseptic spray.

Remember to follow the 10 Rules of Intervention (as outlined in this information package) and follow up with the patient.

Information for Dentists and Family Doctors (continued)

On The Patient's Next Visit:

Dentist: Suzy your oral health has improved, did you have a chance to contact a professional and get help with what was affecting your mouth?

INFORMATION FOR TEACHERS AND GUIDANCE COUNCELLORS

This area of the toolkit is designed to help teachers understand the impact that an eating disorder has on a student's performance in school. There are tips on how to assist a student who has an eating disorder and how to assist their classmates. There is also a sample script included as an example of how you might talk to a student who you suspect has an eating disorder.

The Impact Eating Disorders Have On A Child's Performance in School

- Negatively affects the way children develop
- Students become irritable
- Difficultly concentrating
- Fatigued and have a lack of energy
- Deficiencies in certain vitamins may affect the student's memory
- Students become less active
- Engage in fewer social interactions
- Can impair the immune system and make children more vulnerable to sickness
- Students may be absent from school more often
- Despite all of the above the student's grades may not be affected because students with eating disorders often strive for perfection

What Teachers Can Do

- Get smart about eating disorders and share your expertise with others
- Create a list of professionals in the area who you can refer a student who may have an eating disorder to
- Ensure that the school has a anti-harassment and anti-discrimination policy to prevent students from being bullied based on weight or appearance
- Discipline students who bully others based on their weight or appearance
- Make it a policy not to weight students unless it is necessary
- Review posters, books and other materials in the school to ensure they include students of all body shapes and sizes

- Ensure that students of all body shapes and sizes are encouraged to participate in after school activities such as cheerleading, band, or student government

Information for Teachers (continued)

- Ensure that students are not being cast for drama roles by appearance
- Include healthy body and eating disorder prevention subjects in the curriculum
- Know how to approach and individual who may be at risk for an eating disorder
- Be aware of the medical complications associated with eating disorders

Helping The Student's Classmates

- Remind friends that they are not responsible
- Encourage them to continue doing the activities they normally would with the person experiencing the eating disorder
- Provide friends with opportunities to speak on a variety of issues such as: how they are feeling and ways to support their friend
- Classmates may also benefit from learning more about eating disorders

Script

The following script is an example of how you might talk to a student who you suspect has an eating disorder:

Teacher: Jenny, I'm very concerned about you. I've noticed that you haven't been eating very much for lunch and throw most of your food away. Is there anything you would like to talk about?

Jenny: I just haven't been that hungry lately.

Teacher: I understand, I'm just concerned that you might make yourself sick if you don't eat, do you think that this might be a good time to see a doctor?

Jenny: I don't need to see a doctor, I feel fine.

Teacher: Here is a list of doctors we know in case you change your mind.

Remember to follow up with the student (as outlined in the 10 Rules of Intervention).

A few weeks later:

Teacher: Jenny, did you get a chance to contact any of the physicians in that information package I gave you?

RESOURCES

Hope's Garden

London Eating Disorders Support and Resource Centre

www.hopesgarden.org

National Eating Disorder Information Centre (NEDIC)

Toronto based, resources and information on eating disorders

www.nedic.ca

Sheena's Place

A registered charity offering hope and support services at no cost to people affected by eating disorders and their families. It is located in Toronto.

www.sheenasplace.org

Bulimia and Anorexia Nervosa Association (BANA)

An organization providing specialized treatment, education and support for individuals with eating disorders.

www.bana.ca

Something Fishy

Eating disorder information, online support forums, treatment links and more.

www.something-fishy.org

International Eating Disorder Referral Organization

Information and treatment resources for all forms of eating disorders.

www.edreferral.com

Mirror, Mirror

Information, links, resources, support and more.

www.mirror-mirror.org/eatdis.htm

What's Eating You?

Links, information, support, treatment and prevention resources.

www.whatseatingyou.com

Mind Your Mind

A website for youth who may be struggling and coping with the challenges in their lives.

www.mindyourmind.ca