



# Disordered Eating 101: Prevention, Resources and Signs to Look for in Our Students

Supporting the journey to freedom  
from disordered eating through  
individual recovery & community  
empowerment programs

# Agenda

- What is normal and what is “disordered”
- Contributing causes
- Warning signs to recognize and how to help
- Preventative measures & resources

# What is normal versus “disordered”

Eating

Exercise

Body Image

Thoughts & Feelings



# Normal eating is:

*“Normal eating is being able to eat when you are hungry and continue eating until you are satisfied. It is being able to choose food you like and eat it and truly get enough of it — not just stop eating because you think you should. Normal eating is being able to use some moderate constraint in your food selection to get the right food, but not being so restrictive that you miss out on pleasurable foods. In short, normal eating is flexible. It varies in response to your emotions, your schedule, your hunger, and your proximity to food.”*

Ellyn Satter, R.D., A.C.S.W., Author of *Child of Mine: Feeding with Love and Good Sense*

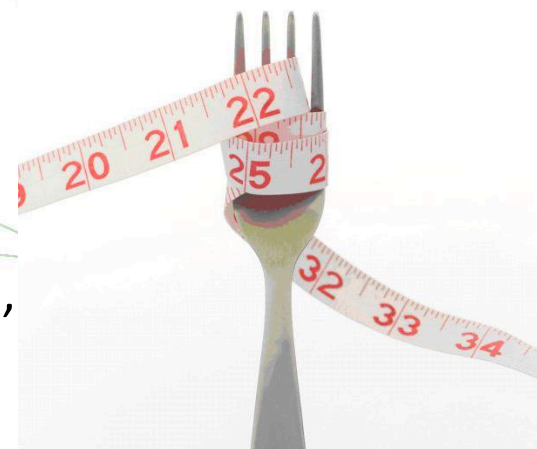


# Disordered eating is:

Disordered eating means eating in a way that could or does harm you physically or psychologically. The disordered eating can be a result of a desire to lose weight, control weight, and to manage emotions.

Disordered eating negatively impacts a person's emotional, social and physical wellbeing. While a behavioral pattern may not fall under a specified category of eating disorder, doesn't mean it cannot have a widespread and destructive impact on a person's life.

Disordered eating patterns may lead to fatigue, depression, malnutrition or decreased concentration, depending on the nature of the behavior.



# Eating disorder definitions

**Anorexia nervosa** is a serious, potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss.

**Bulimia nervosa** is a serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating.

**Binge Eating Disorder (BED)** is a type of eating disorder that is characterized by recurrent binge eating without the regular use of compensatory measures to counter the binge eating.

# The link between eating disorders & obesity

Healthy eating & activity

Problematic beliefs and behaviors about eating, activity and body image

Clinical health problems: eating disorders & obesity

# Body dissatisfaction & dieting

## The dangers of body dissatisfaction and dieting



42% of 1st - 3rd graders want to be thinner and 81% of 10 year olds are afraid of being fat



46% of 9-11 year-olds are “sometimes” or “very often” on diets, and 82% of their families are “sometimes” or “very often” on diets



35-57% of adolescent girls engage in crash dieting, fasting, self-induced vomiting, diet pills, or laxatives. Overweight girls are more likely than normal weight girls to engage in such extreme dieting.

**The Result:** 35% of normal dieters progress to pathological dieters, and 25% of pathological dieters progress to a full-blown eating disorder



# Statistics & prevalence

Over one-half of teenage girls and nearly one-third of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives

Even among clearly non-overweight girls, over 1/3 report dieting (Wertheim, 2009)

Girls who diet frequently are 12 times as likely to binge as girls who don't diet

·95% of all dieters will regain their lost weight in 1-5 years

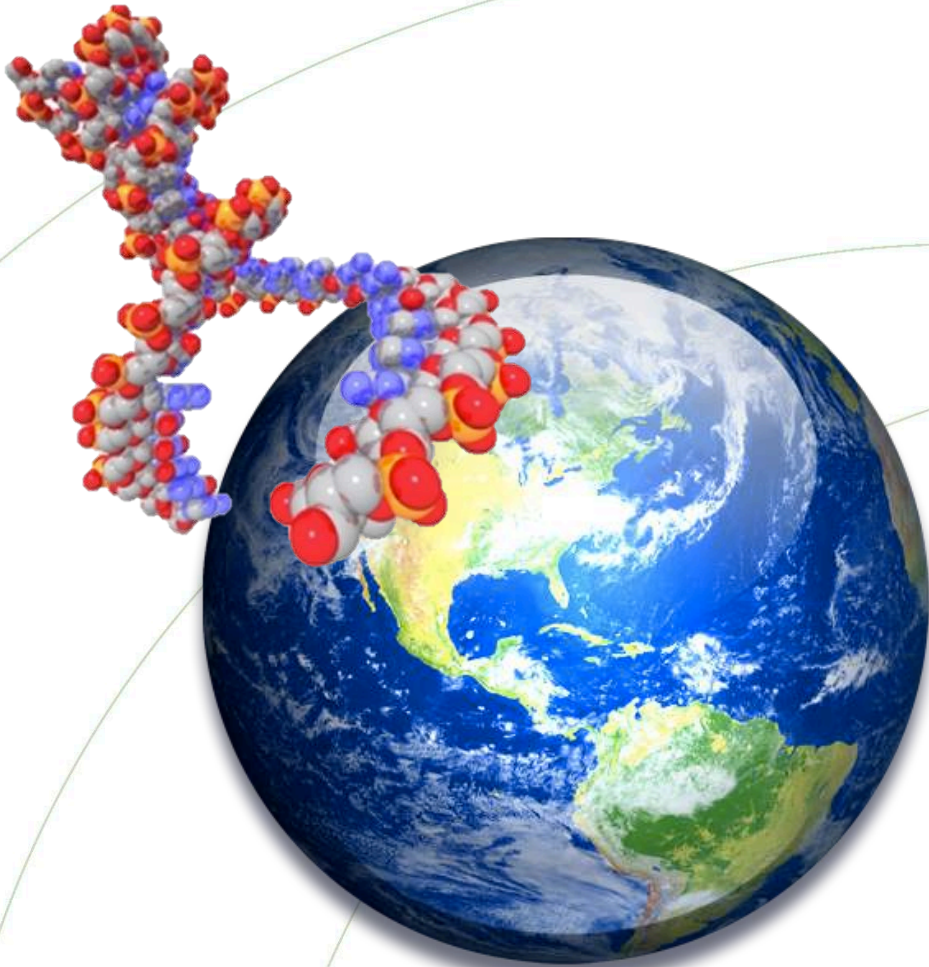
The prevalence of eating disorders is similar among Non-Hispanic Whites, Hispanics, African-Americans, and Asians in the United States, with the exception that anorexia nervosa is more common among Non-Hispanic Whites

*According to the National Eating Disorders Association*

# Contributing causes

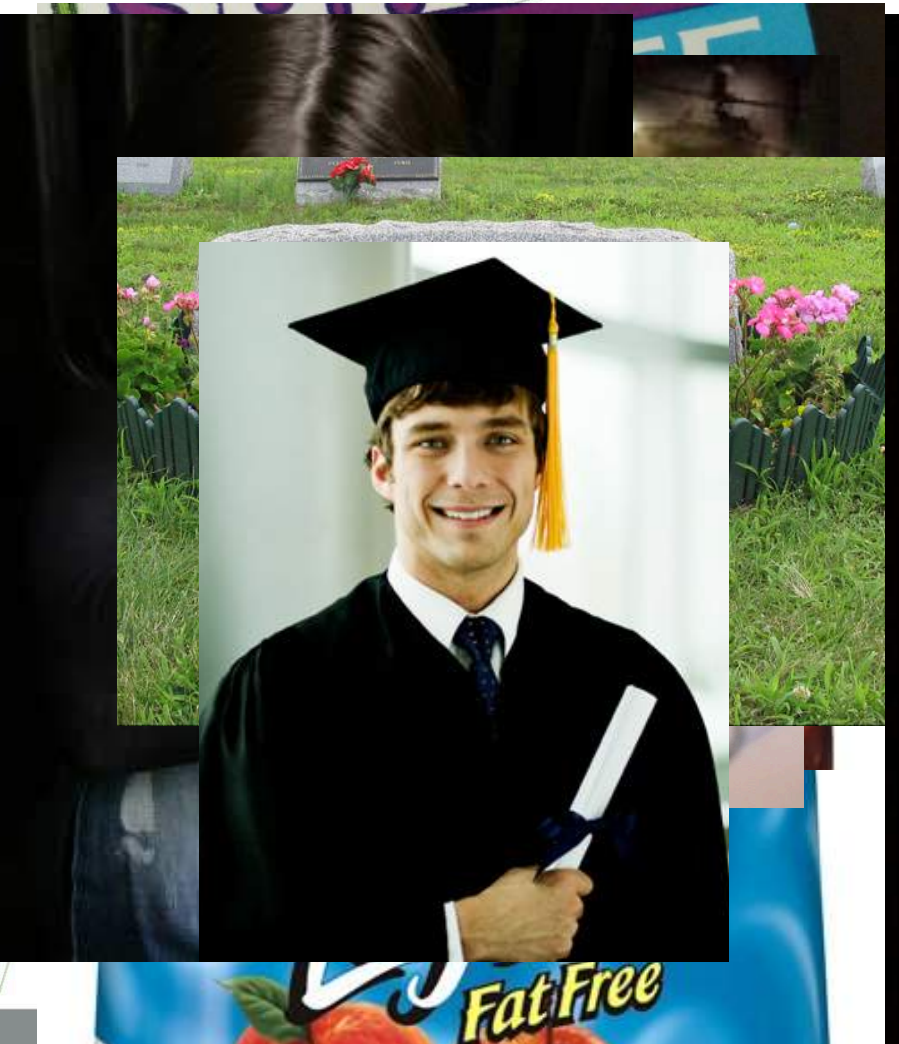
# There's no ONE cause

“Genetics  
loads the gun;  
Environment  
pulls the trigger.”  
- *Cynthia Bulik*



# Environment includes...

*Cultural Norms*  
*Expectations*  
*Neglect*  
*Trauma*  
*Abuse*  
*Loss*  
*Life Transitions*



  
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# Contributing causes

- Major life change/stress/lack of control
- Low self esteem/highly sensitive
- Genetics
- Family dynamics
- Cultural/societal pressure for thinness
- Dieting/history of teasing
- Onset of puberty
- Lack of coping skills to deal effectively with life

# Eating Disorders are coping strategies



## Control

Restricting  
Adhering  
Purging  
Burning  
Refusing

## Avoid

Distracting  
Eating  
Neglecting  
Counting  
Obsessing

## Feel

Being  
Trusting  
Relating

# How often do you know how you feel?



**Exhausted**



**Confused**



**Ecstatic**



**Guilty**



**Suspicious**



**Angry**



**Hysterical**



**Frustrated**



**Sad**



**Confident**



**Embarrassed**



**Happy**



**Mischievous**



**Disgusted**



**Frightened**

# Warning signs and how to help



# Why get help?

- More individuals die from eating disorders than from any other mental illness
- Records show that **20%** of all people with eating disorders **will die** from their disorder. In reality, the number is much higher because many deaths are attributed to heart failure, stomach rupture, and suicide that occur as a result of the eating disorder.
- Of those who suffer, 1/3 will recover after an initial episode, 1/3 will experience a relapse, and 1/3 will suffer from chronic deterioration and multiple re-hospitalizations.
- Among mortality rate among anorexic females between age 15 and 24 is **12x** higher than the death rate of all other causes of death **combined**
- No organ system is spared the effects of eating disorders.

Source: *The National Eating Disorder Association (NEDA)*

# Warning signs to recognize

- Food obsession, ritualistic eating and/or avoidance of certain foods
- Refusing previously enjoyed food or restaurants
- Small portions, skipping meals, eating slowly
- Body image obsession
- Social withdrawal
- Hoarding food or bingeing
- Quick exit after meals to restroom. Long periods of time in restroom.
- Frequent weighing and body distain
- Preoccupation with one's own food & others' food
- Personality shifts; increased impatience, crankiness, isolation
- Light-headedness and dizziness, abdominal pain
- Reduced body temperature, increased sensitivity to cold
- More frequent muscle strains, sprains, and/or fractures
- Large shifts in weight unrelated to other circumstances
- Friends reporting concern

# What to do if you suspect a student has an eating disorder

- Act early, but check on school policies before taking action
- Determine the most appropriate person/people to intervene
- Involve the family when possible
- Maintain professional boundaries

# Show support, and advocate for the **WHOLE** person

“It’s not about running or eating. It’s about  
**YOU.**”

“I see you coping in very self-destructive ways.”

“I care about you too much to keep my concerns  
to myself.”

# Treat it [more] seriously

Don't use weight as a carrot



  
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# Advocate for appropriate care

## Inpatient

- Medically & Psychiatrically Unstable; Symptoms worsening at rapid rate

## Residential

- Medically stable; Psychiatrically impaired and unable to respond to partial hospital or outpatient treatment

## Partial Inpatient

- Medically and psychiatrically stable; Unable to function in normal social, educational, or vocational situations but not suicidal; Daily disordered behaviors (e.g., restriction, bingeing, purging)

## Intensive Outpatient / Outpatient

- Medically and psychiatrically stable; Able to function in normal social, educational, or vocational situations and continue to make progress in recovery

# Preventative measures & resources

# What can educators do?

- Balance messages aimed at combating obesity and eating healthy with messages that avoid pressuring youth or judging them based on their weight
- Create a school culture in which students feel accepted regardless of their shape and size and adopt lifestyle choices that minimize their risk of engaging in unhealthy eating habits.





# What can schools do?

- Create a school environment where all students feel safe from harassment
- Focus physical education on skills building and establishing healthy habits, not weight management
- Ensure that participation in school or curricular activities is not limited by a student's size or shape
- Provide general information about healthy living, wellness and eating disorders and let students know where they can get help
- Have a plan for involving parents and faculty as needed

# Empower your classroom

- Have a balanced approach to food
  - No “good” or “bad foods
  - Focus on mindful eating
- Build a body positive classroom
- Discourage fat talk
- Teach emotional resilience
- Offer programs to educate students, parents and faculty



# How to engage families

## Parents and families require messages that:

- Assist to identify symptoms and encourage help-seeking
- Give guidance on teaching their children healthy eating patterns
- Promote positive body image - parents and carers can often have negative body image themselves and require support both for their own needs and as role models
- Explain the facts about eating disorders, and provide information on access to treatment and support
- Enhance recognition of risk

# Program components to cover

- Media literacy and advocacy
- Promoting a balanced approach to nutrition and physical activity
- Challenging the societal pressures to be thin
- Personal identity and self-esteem
- How to promote health and wellbeing within your school
- Peer relationships
- Coping skills that promote resilience

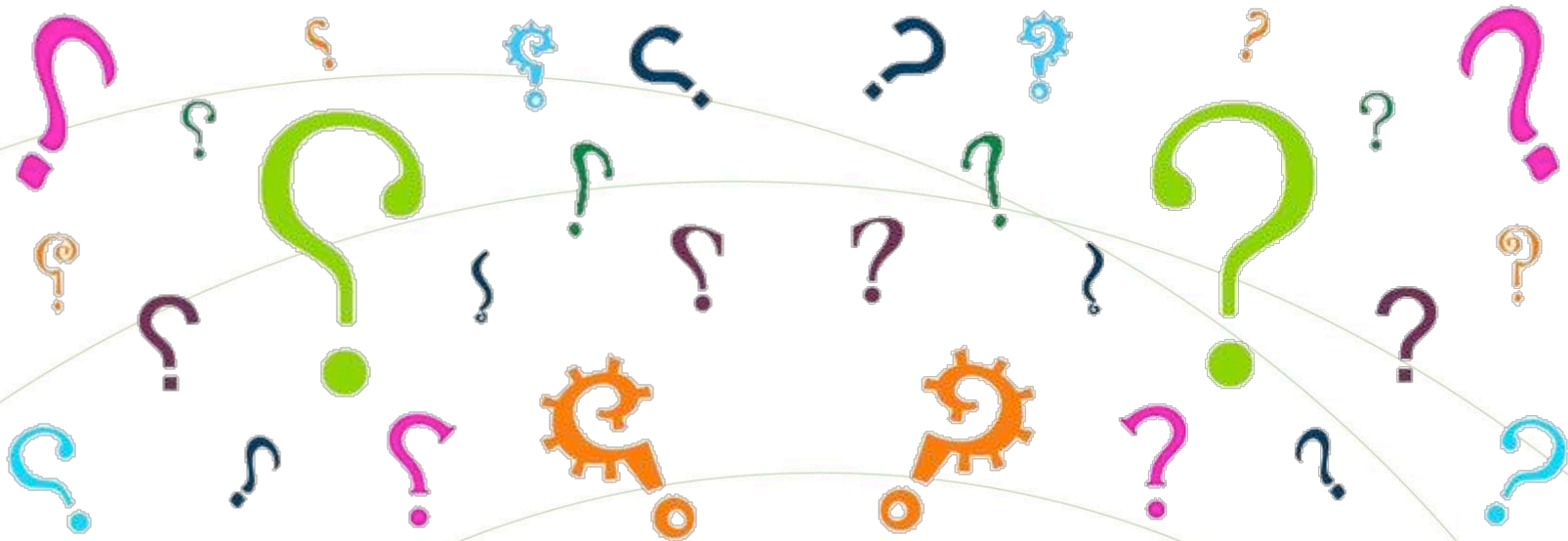


  
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# Things to remember....

- Freedom from disordered eating is possible
- Early intervention is an indicator for a full recovery
- You can help your students gain tools and beliefs on positive body image, emotional resilience and health to protect them from turning to disordered eating





# Questions!

Thanks to our sponsors:

Contact us!

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