



Eating Disorders on Campus: Guidelines for Intervention

September 2011

Purpose

The intention of these guidelines is to promote consistent action across campus when assisting students who are suspected of, report, or exhibit eating disorders symptoms or behaviors. Eating disorders can be harmful, and even deadly, if not managed in a timely and appropriate manner. The Counseling and Psychological Services Office (CaPS) is available for consultation to assist faculty, staff, students and parents by providing guidance and support in coordinating care for students in need.

The primary purpose of the guidelines is to assist members of the Cabrini College community in identifying and intervening with students who are experiencing eating disorder symptoms, helping to ensure student access to treatment and safety. The privacy of these students will be respected as much as possible in the coordination of services. It is important to emphasize that you are not expected to engage in professional counseling with distressed students, rather these guidelines are meant to assist with helping students in your individual role as a staff or faculty member by being supportive of their needs and referring them to appropriate campus resources. If you are unable to intervene with a student, please consult with CaPS regarding other ways to assist the student.

These guidelines reflect an acknowledgement that eating disorders are complex, challenging mental health issues that often require long term intervention. Referrals are available for students who are in need of services that exceed those offered on campus.

Eating Disorders on the Residential, Suburban Campus

Cabrini College's Counseling & Psychological Services and Health Services staffs are acutely aware of the prevalence of disordered eating among college-aged students. We know that eating disorders (ED) are associated with devastating psychological and medical consequences, including death. Unfortunately, the diagnosis of eating disorders can be elusive, and many cases go undetected.

We also are aware of particular issues related to the care of students in the residential college setting. Ironically, whereas students with ED may come to our attention more readily on a residential campus, caring for these students is particularly challenging, for a number of reasons.

Issues Affecting the Campus Community

- ✓ The student with an eating disorder is often well known to the campus community, so referrals are often community-initiated.
- ✓ Community concern and anxiety about the eating disordered student is often high, demanding College involvement and education of the student's peers, faculty, et al.
- ✓ Community pressure to "fix" the student is high.
- ✓ The community can have difficulty recognizing and accepting the individual's right to refuse treatment.
- ✓ The drain of an eating disordered student on the Health & Counseling Services' hours – as well as community members – can be significant.

Issues Affecting the Individual

- ✓ Providing adequate care for persons with disordered eating almost always demands a team approach, integrating at least general medicine and psychiatry/psychology, and possibly nutrition education/therapy and exercise consulting.
- ✓ Not all professionals needed to complete the treatment team are available on campus.
- ✓ Collateral community resources may be limited.
- ✓ There are many types and variations of eating disorders: anorexia, bulimia, binge-eating disorder, atypical eating disorders. Different manifestations require different types of treatment; hence treatment is idiosyncratic.
- ✓ Eating disorders often co-exist with other psychiatric disorders, including personality disorders, anxiety disorders, substance abuse (especially with bulimia), and depression.
- ✓ Risk of death from starvation, secondary health problems (e.g., heart failure), and suicide can be high.

Issues Affecting the Individual v. the Community

- ✓ Often persons with eating disorders do not want treatment: their symptoms are "ego-syntonic," meaning the person with the disorder is not experiencing distress from the symptoms. Indeed, they are often actually intent on maintaining their disorders. Thus, they often resist or refuse treatment, much to the consternation of the campus community.
- ✓ Medical risk creates special issues of student safety, especially when students refuse treatment.
- ✓ Confidentiality can be especially complicated, given the frequent combination of a treatment-resistant student, a community demanding the student be treated, and medical risk.
- ✓ Eating disorders implicate policy issues at several levels: medical safety & leave policies, behavioral codes of conduct, and the American with Disabilities Act.
- ✓ The eating disordered student can have great difficulty recognizing and accepting the College's need to assess not only the safety of the individual but the effect the individual has on the well-being of peers in the campus community.

In recognition of the challenge of managing these students' care, this protocol is intended to provide *guidance* about the management of students at Cabrini College who have eating disorders. Staff may believe there are compelling reasons to deviate from these guidelines, and doing so may at times be appropriate. The reasons for any such deviations, however, which will invariably center on safety issues, should be well articulated and should include the voices of all treatment providers. Our philosophy is that effective treatment requires coordinated efforts among all those concerned in the care of students with EDs in an effort to improve the health and welfare of the ED student while attending Cabrini College. It is our hope that providing this coordinated care will have a beneficial impact on our ED students and our larger campus community, helping all to be well and successful in their current and future lives.

Eating Disorder Behaviors and Symptoms

A wide range of behaviors, symptoms and medical issues are associated with eating disorders. The following are more common presenting issues:

- Restriction of food intake
- Rapid weight loss
- Purging behaviors
- Abuse of medications such as diet pills, enemas, diuretics, Ipecac and psychiatric drugs used to induce appetite suppression or weight loss
- Excessive exercise
- Physical ramifications of eating disorder behaviors including fatigue, chest pains, fainting, seizures, loss of menstrual periods
- Distress that impairs academic, social and interpersonal functioning

Students experiencing eating disorders will vary significantly in the intensity, volume and types of behaviors exhibited or engaged in, making it difficult to predict medical consequences. Faculty, staff and students should not be in a position of diagnosing eating disorders nor determining the severity of the symptoms or behaviors, deferring to college health professionals to make such evaluations. Referrals should be made to CaPS and Health Services if a student reports any of the above behaviors.

Steps for Initiating a Conversation with a Student

The following are suggested steps for initiating a conversation with a student who is suspected of having an eating disorder. It is common to experience discomfort when considering confronting someone about an eating disorder. It is important to keep in mind the goal of the intervention: to assist the student with obtaining access to professional help. You are not expected to act as a counselor with students, maintaining your boundaries as a faculty or staff member. A consultation with CaPS may provide more individualized suggestions and an opportunity to practice the intervention. If you are concerned about a student or unable to initiate a conversation, please consult with CaPS or Mr. George Stroud, Dean of Students.

1. The conversation should take place in a private setting.
2. Begin by expressing concern for student's safety, well being and ability to function.
3. Cite behaviors learned about, witnessed, or reported and tie these behaviors to concerns about the student's medical and psychological well-being.
4. Allow space for the student to respond to your concerns. Listen carefully to the student, demonstrating empathy and a non-judgmental attitude.
5. Avoid the use of the term eating disorder unless the student acknowledges the diagnosis as an issue.
6. Share knowledge of resources on campus, encouraging the student to make appointments as soon as able. Work to negotiate with the student in determining options. The student may express a willingness to be seen for one evaluation at either Health Services or CaPS. View this as a positive first step.
7. Express willingness to assist the student with making appointments. If the student is unwilling to seek services on campus, the student should be given referral information for off campus resources (see Resources section of this manual).
8. Avoid engaging in a power struggle with the student. The student may not admit to the behaviors and may, in some cases, react negatively to the intervention. In order to gain their cooperation, continue to frame the discussion in terms of your concern and desire to support the student, helping to diffuse defensiveness.
9. Consider checking in with the student periodically to offer additional encouragement and support.
10. Seek out your own support. Consult with your individual supervisor or chairperson.

Identification and Intervention with Students with Eating Disorders

Residence Life

- ❖ A student or professional Residence Life staff member becomes aware of a student who may be experiencing eating disorder behaviors or symptoms. The Counseling and Psychological Services Office may be consulted. A professional staff member, such as a Residence Life Director or an Area Coordinator, should initiate a conversation with the student to offer support, resources and obtain additional information. The student should be referred to the Health Services and CaPS for evaluations, as appropriate.
- ❖ If there is a concern about serious psychological or medical risk to the student or the residence life community, immediate action should be taken. The Director of Residence Life and the Counseling Center may be consulted regarding emergency procedures. The Director of Residence Life, or designee, may mandate an evaluation by the Counseling Center. If the student is uncooperative with referrals and/or treatment recommendations, the student may be referred to the Dean of Students. Further actions will be at the discretion of the Dean.

Athletics

- ❖ A student athlete who demonstrates or reports eating disorder behaviors or symptoms should be referred to the Athletics Department Consulting Physician for an evaluation. If there are serious concerns about a student's health, the athlete may be referred for an immediate evaluation. The student may be referred to the Counseling Center for an initial evaluation if there aren't immediate concerns about the student's safety. Any Athletics personnel may consult with the Counseling Center if concerns exist. These concerns should also be shared with the Athletic Department Director &/or staff.
- ❖ A student's participation in practice or competition may be at risk if s/he does not comply with referrals for treatment or treatment recommendations, as ordered by the consulting athletics physician. A student athlete may be referred to the Dean of Students if additional intervention is required.

Campus Recreation

- ❖ A student or professional Recreation staff member witnesses or learns that a student is engaging in eating disordered behaviors. A professional staff member will initiate a conversation with the student, offering support including suggestions for changes to exercise behaviors, and the potential health consequences of behaviors. Campus resources including the Counseling Center and Health Services will also be discussed.
- ❖ If a student is unable to alter behaviors, or if there are concerns about a student's safety, the student will be referred to the Athletics Director. A student's privileges at the Dixon Center may be limited or suspended.

Academic Affairs

- ❖ If a faculty member becomes aware of a student who may be experiencing eating disorder symptoms, the faculty member should seek counsel with their department chair or an individual supervisor. A consultation with the Counseling Center, the Dean of Academic Affairs, and/or the Dean of Students may be considered as possible courses of action.
- ❖ If feasible, the faculty member may consider expressing concern directly to the student in a private setting. During this conversation, the faculty member may initiate referrals to Health Services and Counseling Center, sharing information regarding how these services could be helpful.
- ❖ If the faculty member becomes concerned about the student's psychological and medical safety based on witnessed or reported behaviors, the Dean of Academic Affairs should be contacted.

Other Staff

- ❖ A student with eating disorder concerns may be identified in other areas of campus including the Dining Services, Disability Resource Center, Wolfington Center, SEaL, and others. Staff members from other areas may also consult with the Counseling Center or Health Services offices regarding concerns. If feasible, the staff member should share concerns directly with the student, offering support and assistance in obtaining evaluations at the Counseling Center and Health Services. If there are concerns about a student's safety, interventions should be undertaken quickly and the Dean of Students may be consulted.

Friends and Parents

- ❖ When friends and family become concerned whether a student may have an eating disorder, both groups often desire assistance from college staff. These individuals may be uncomfortable talking directly to the student about their concerns, anticipating that any type of intervention will go poorly. Friends and parents should be empowered to discuss their concerns directly with the student and offer suggestions for a gentle communication (see Steps for Initiating a Conversation). These groups should be encouraged, if they are able, to assist the student in obtaining evaluation appointments on or off campus. The Counseling Center may be consulted and can offer these groups support through phone consultations or on campus meetings.
- ❖ If friends or family are concerned about a student who lives in a residence hall, a conversation may be initiated with a Director of Residence Life or Area Coordinator to gain their assistance. If the student is an athlete, the friend or family may consult with Athletics staff. If there is concern about a student's physical or psychological safety, the individual should be encouraged to take immediate action and provided with emergency referral information (see Referral section).

Psychological and Medical Evaluations

Counseling and Psychological Services

A student is referred or presents voluntarily to CaPS and demonstrates or reports symptoms, behaviors or medical consequences associated with an eating disorder. The CaPS staff member completes an evaluation.

A referral may be made to the Health Services for an Eating Disorder Physical if the student reports or exhibits the following criteria of concern such as being noticeably underweight, purging, engaging in excessive exercise, abusing medications, or physical ramifications of eating disorder behaviors. The student should be asked to sign a release to enable communication between the Health Center and Counseling Center. These two centers will collaborate and coordinate services.

The student may be referred directly to off campus resources should the student be in need in more immediate or intensive treatment. A referral may be made to an off campus nutritionist/dietician.

If the student is uncooperative with referrals and treatment recommendations, and is assessed to be at serious medical risk, the Director of CaPS, the Director of Health Services, &/or the Dean of Students will be consulted. Options that could be explored include voluntary referrals to emergency room/inpatient treatment facilities and/or involving family members in the process. Additionally, the provider may consider an involuntary referral to an emergency room.

Health Services

A student is referred or presents voluntarily to the Health Services and demonstrates or reports symptoms, behaviors or medical consequences associated with an eating disorder. The medical professional may initiate an Eating Disorder Physical. A referral may be made to an on or off campus nutritionist/dietician.

A referral to CaPS may be initiated particularly if the student is not receiving mental health services off campus. The student should be asked to sign a release to enable communication between the Health Services and CaPS. These two centers will collaborate and coordinate services. The student may be referred directly to off campus resources should the student be in need of more immediate care or is reluctant to pursue an evaluation at the Counseling Center or Health Services.

If the student is uncooperative with referrals and treatment recommendations, and is assessed to be at serious medical risk, the Director of CaPS, the Director of Health Services, & the Dean of Students will be consulted. Options that could be explored include voluntary referrals to emergency room/inpatient treatment facilities and/or involving family members in the process. Additionally, the provider may consider an involuntary referral to an emergency room. The medical professional may consider referring the student to the Director of Counseling & Psychological Services &/or the Dean of Students.

The Role of the Dean of Students

The Dean of Students is available to consult with College faculty and staff regarding students of concern. A student may be referred to the Dean of Students for several reasons. First, a student may be referred as an emergency procedure if a student demonstrates serious psychological or medical risk and/or a risk to the Cabrini College community. Additionally, a student may be referred if the student is uncooperative in following through with referrals for evaluation or treatment and a serious risk exists. These referrals may come from any College faculty or staff member.

An Emergency Suspension may be initiated if it is determined that the student poses a substantial threat to him or herself, viewing the student's behavior as a violation of the Cabrini College Student Code of Conduct. Students may be suspended for an interim basis pending a hearing or medical evaluation. Students are typically encouraged to receive treatment.

Referral Information

On Campus

Counseling & Psychological Services: Founders Hall, Room 95, 610-902-8561; Open Monday through Friday, 9 am to 4 pm

Health Services: Founders Hall, Room 89, 610-902-8400; Open Monday through Friday, 9 am to 4 pm

References

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Gettysburg College Counseling & Health Services. (2009). Eating Disorders on a Residential, Rural Campus.

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