

# Eating Disorders: Supporting Tamariki and Rangatahi in School

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# Content

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Common questions

Treatment

What you can do to help

\* Pre-treatment



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graph TD; A[* Pre-treatment] --> B[* During treatment]; B --> C[* After treatment];
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\* During treatment

\* After treatment

# Common Questions

Pre-treatment

\* What to look for

\* When to refer

\* When do we involve family

## Warning Signs: Behavioural

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Dieting

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Counting calories/ calorie and exercise apps

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Avoiding food groups

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Skipping meals/ snacks

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Eating in private

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Increased trips to bathroom

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Changes in clothing style

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Excessive exercise

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Secretive behaviours (saying they have eaten when they haven't, hiding uneaten food in lockers/bags)

Warning Signs:  
Psychological

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Preoccupied with eating

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Food being “good” or “bad”

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Decreased concentration

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Low mood/ irritability

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Socially isolative

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Anxiety around meal times

Warning Signs:  
Physical

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Weight loss

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Loss of menstrual cycle in females

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Fainting/dizziness

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Fatigue – tired/poor sleep

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Feeling cold/ cold extremities

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Lanugo

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Enlarged glands/ scuffed knuckles

# What could you ask?

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Are you dieting/ have you changed your eating habits?

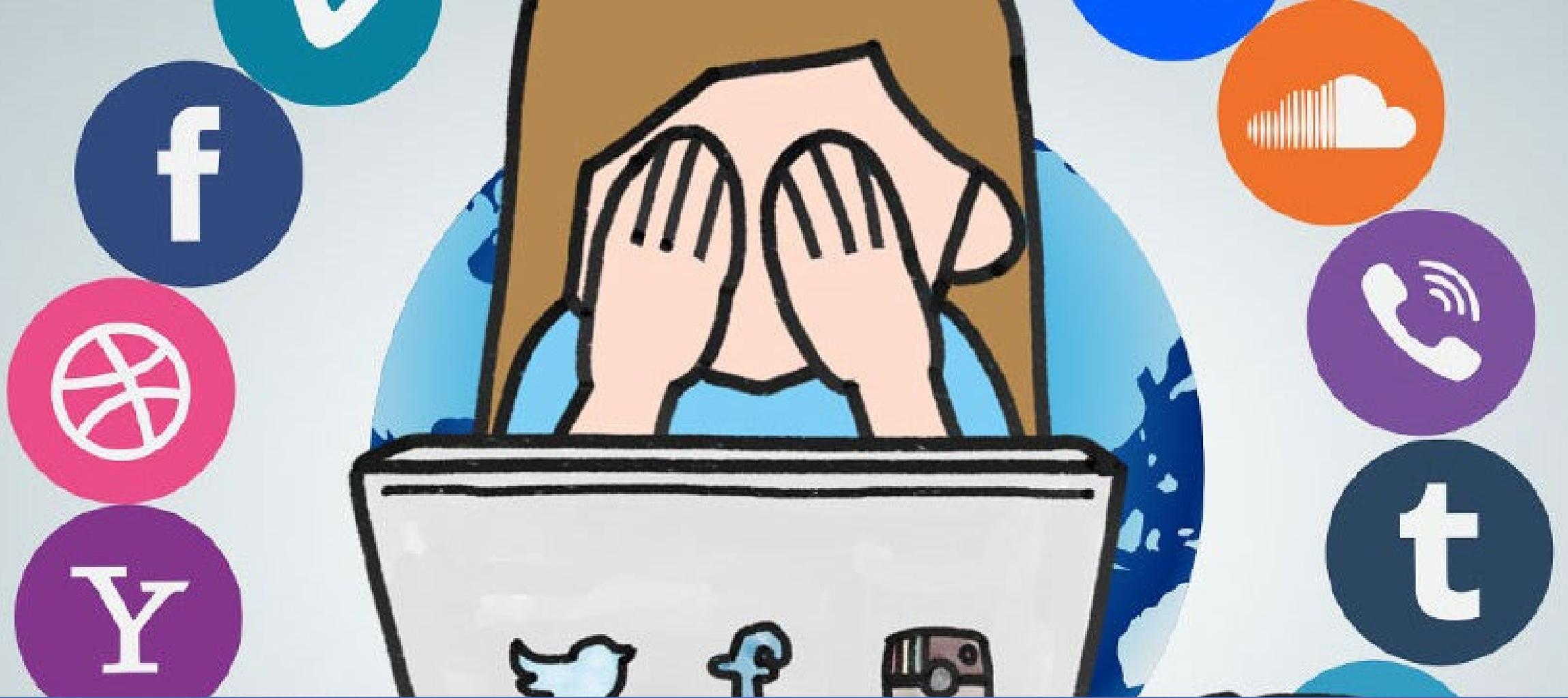
Have you lost weight or are you worried about your weight? Have other people expressed concern about you/your weight/ your eating?

Do you feel out of control when eating/ eat a large amount of food in a short amount of time?

Do you make yourself vomit/ use laxatives / diet pills?

I imagine you spend a lot of time thinking about food, counting calories, planning what to eat or not eat? Is that right?

Do you feel compelled to exercise/ engage in compensatory exercise?



## Social Media

Harmful sites: Pro-ana / “Thinspiration” / “Fitspo”

Potentially harmful sites: Instagram / Facebook / snapchat

Ask the questions “What are you looking at?” and “How do you feel after looking at it?”

# Differences with Adolescents

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May not verbally endorse a fear of fatness (but often will once weight gain commences)

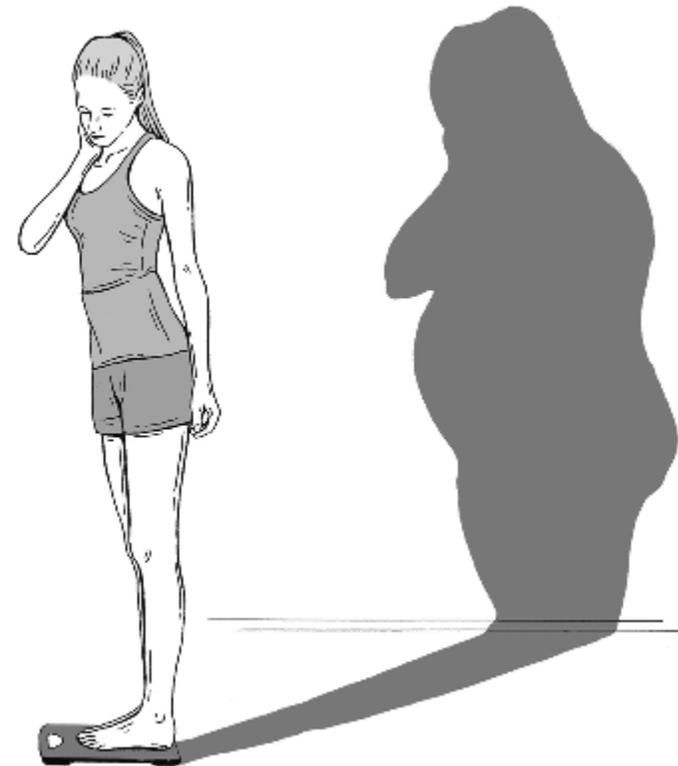
May not appreciate the risks associated with extreme weight loss

May say still having periods but may only be light and/or irregular

May look as though they are in the healthy weight range (might need to be a higher weight genetically, or may be muscular)

# The paradoxical nature of AN

Pros	Cons
Control	Lack of control
Achievement	Lack of energy
Numbs emotion	Increase anxiety
Mental strength/skill	Low mood
Attractive	Empty promises
Avoidance	Tormenting
Confidence	Isolation



# Egosyntonic nature of Anorexia Nervosa

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Egodystonic vs Egosyntonic

How many illnesses have so many perceived benefits?



## When to refer/ when to involve family

- Disordered eating vs Eating Disorder
- When signs are on-going, refer to school counsellor and/ or nurse
- If seeing the counsellor, have tight parameters – don't let it drag on!
- Re confidentiality, would you keep it from the family if the young person was suicidal?
- What if I think the family is the problem?



## If family are not engaging

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- Be understanding – AN is a scary prospect
- Get alongside – acknowledge current stressors they might be under
- Can extended family help?
- Broken record

# Once in treatment and post-treatment

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## Common questions:

- Does the school have a role in FBT?
- If I'm their counsellor, should I keep seeing them?
- What about class work/ academic stressors? Sports?
- What might a handover look like at the end of treatment?
- What if they relapse?

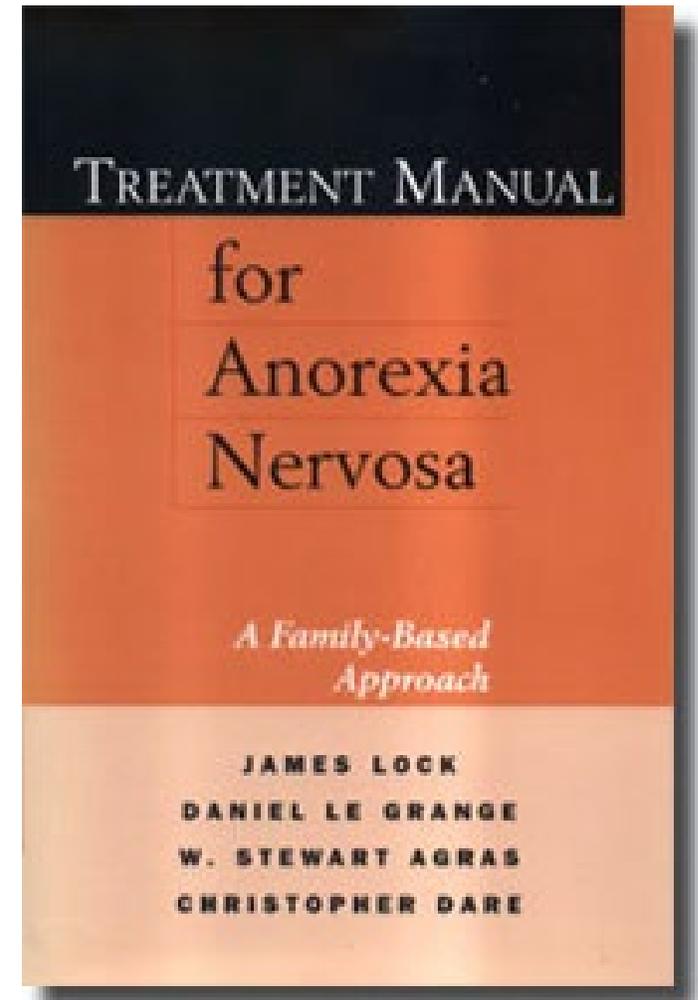
# Family-Based Treatment (as known as the Maudsley model)

First developed at the Maudsley hospital by Christopher Dare, Ivan Eisler and colleagues



FBT was manualized in 2001 by James Lock and Daniel Le Grange

Second edition 2016



<b>PHASE 1</b>	<b>Intense re-feeding</b>	<b>Weekly</b>
<b>PHASE 2</b>	<b>Transition to adolescent control</b>	<b>Fortnightly</b>
<b>PHASE 3</b>	<b>Adolescent issues</b>	<b>Monthly</b>

# Healthy Weight Range?

- Normal BMI doesn't equal Healthy for everyone!
- BMI may need to be higher in highly muscled people
- Percentile charts are a more useful measure in adolescents



# SIEDS Audit

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**Participants:** adolescents (aged 13-19) in the service between August 2013 and August 2014 who were receiving FBT

**Average length of treatment:** 10 months

**IP admission in MFT Phase 1:** 30%

**Average IBW on assessment:** 87%

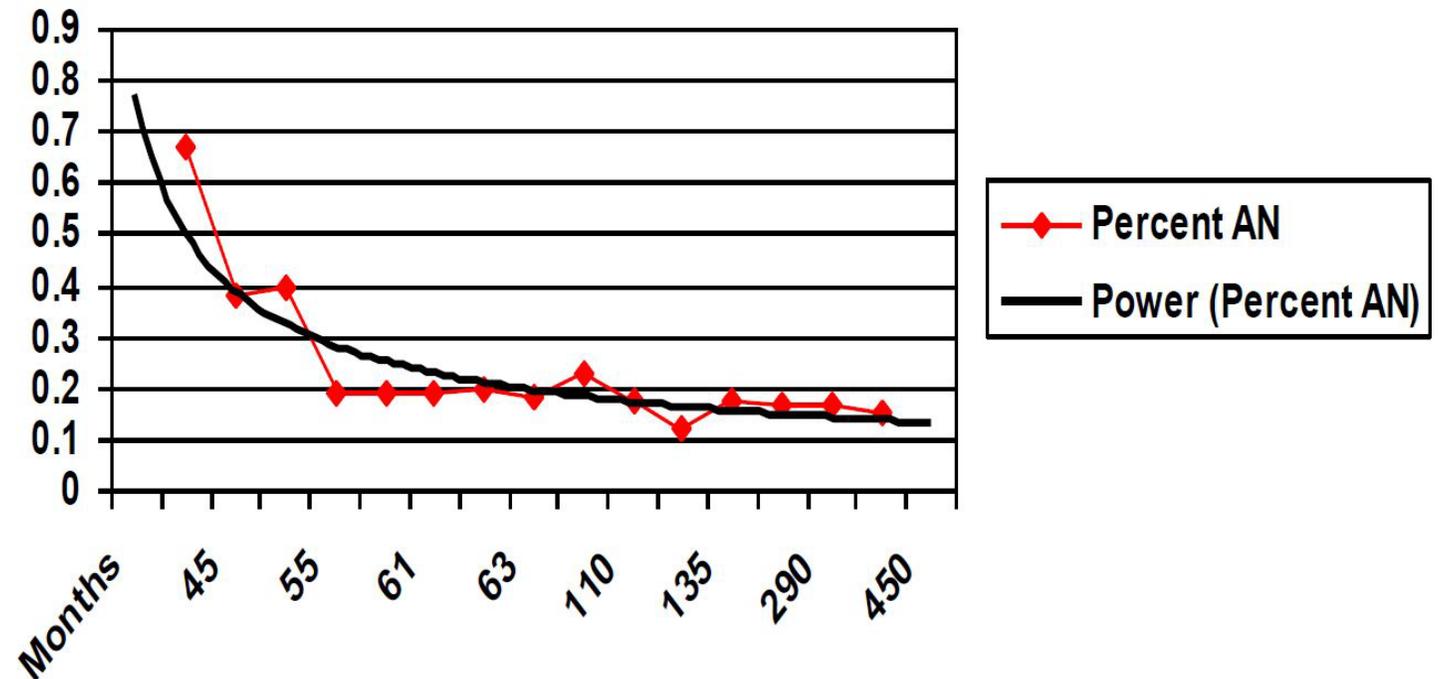
**Average IBW on discharge:** 102%

Prof James Lock  
Stanford  
University USA

4 1/2 years  
cognitions/behaviours  
hardwired

20% develop severe  
and enduring illness

## Long-term Outcome in AN: Time to Recovery: Don't Wait to Treat



# How schools can support treatment

## **Refer early**

- Research shows prognosis is best if weight restored within first 3 months of treatment

## **Understand and support FBT principles**

- E.g. Use externalising language; reinforce the family is not to blame; support the message that school comes second to treatment
- Support families to set boundaries and to utilise external supports; promote self-care

# Gen's experience

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- Creating a 'safe' space at school
- Lunch outside of lunchtime so she could eat early and still have social time
- Support with work load, eg easy credits
- Access to counsellor
- School being part of the wider team – kept in the loop re treatment
- School secondary to health

# Post treatment

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What might  
handover look like?

What if they  
relapse?

# What else can we do?

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- Put preventative strategies in place in the school setting, e.g:

Set the expectation that everyone will have morning tea and lunch and make it easy to do! Eg lunchtime meetings occur AFTER a lunch break; somewhere to sit inside to eat on cold days

- Understand what adolescents need in their diet to be healthy; they are different to adults!
- Role model and promote size acceptance

# Take home messages:

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an eating disorder might not be obvious

don't be afraid to ask questions (of them, or us!)

eating disorders can have serious medical consequences

early intervention and treatment leads to improved outcomes

be a good role model: examine own beliefs and school culture/ attitude, ie size acceptance, 'healthy' eating