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## About the Presenter

Rebecca M Boutwell MSN RN NCSN

- Graduated with a Bachelor of Science in Nursing from Fitchburg State College (before it became a University.)
- Earned a Master of Science in Nursing with a concentration in School Nursing from Elms College.
- Nationally Certified School Nurse with 25 years of experience across all grade levels.
- More than two decades of experience in community health, supporting middle and high school students in education, wellness, leadership and growth.
- Serves on the board of the Massachusetts Nurses Association as Data Coordinator.
- Holds professional status with Massachusetts Department of Elementary and Secondary Education.
- Published in *A long Way from Henry Street, Volume 1*



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## OBJECTIVES

- **Explain** the impact of eating disorders on physical health, mental health and academic performance.
- **Identify** common biological, psychological and sociocultural risk factors that contribute to the development of eating disorders.
- **Recognize** the complexity of dual diagnoses between eating disorders and other psychiatric disorders, and, **apply** effective strategies for communicating with students using supportive and nonjudgmental approaches.
- **Develop** and evaluate a comprehensive Individual Health Care Plan (IHP) and describe the importance.



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## Horrible Statistics

5

## Horrrifying Statistics

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- People of color with eating disorders are half as likely to be diagnosed or receive treatment

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- People of color with eating disorders are half as likely to be diagnosed or receive treatment
- Rates of eating disorders in males are increasing at a faster rate than females

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When you think about food, you think about

**Non-Eating Disorder**

**Fear**

- Joy
- Communication
- Social events, family gatherings



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**WHAT IS YOUR FEAR?**



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## Fear of the Plate

- Person is triggered by fear or threat of eating
- Driven by the sympathetic nervous system

Produces physical and hormonal changes that prime the body for rapid action

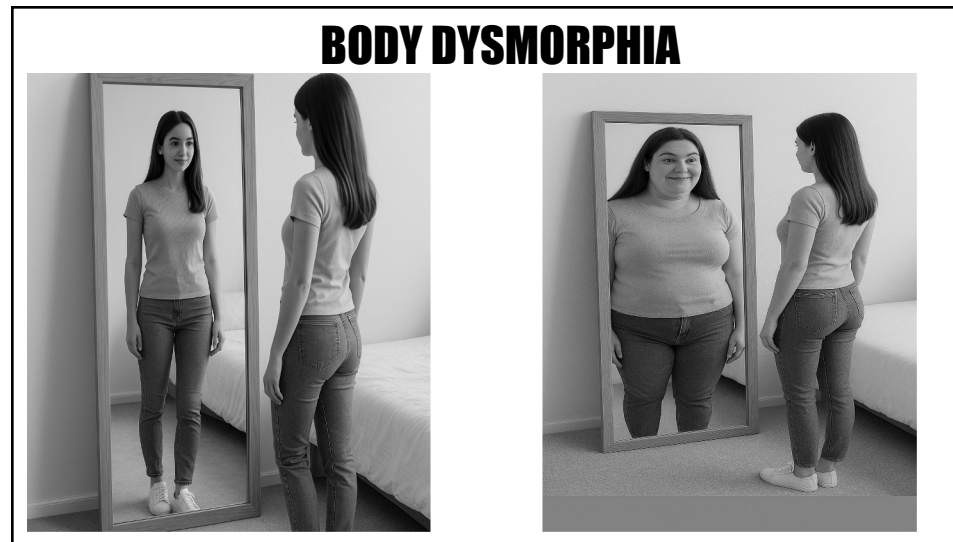
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What other disease do people walk around asking “am I sick enough?”

## Psychological/Behavioral Risk Factors

- Guilt
- Dissatisfaction
- Dysmorphic view of body
- Perfectionism

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**What other disease do people walk around asking “am I sick enough?”**

### **Biological/Genetic Risk Factors**

- Family history of eating disorders
- Dysregulation of the brain's reward system
- Malfunctioning pathways in the brain
- Elevated inflammatory markers
- Decrease hunger cues/gut changes

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## Inflammatory Markers

- Anorexia nervosa: Starvation and malnutrition can trigger inflammation, partly due to stress on the body and breakdown of tissues.
- Bulimia & binge eating disorder: Cycles of overeating, purging, or metabolic stress can also raise inflammatory signals.
- In the brain, elevated inflammatory markers may affect:
  - Neurotransmitter systems (like serotonin and dopamine), which play a role in mood regulation and appetite.
  - Neuroplasticity- making it harder for the brain to adapt to stress or change eating behaviors.
  - Cognitive and emotional function, contributing to depression, anxiety, and rigid thinking patterns often seen in eating disorders.

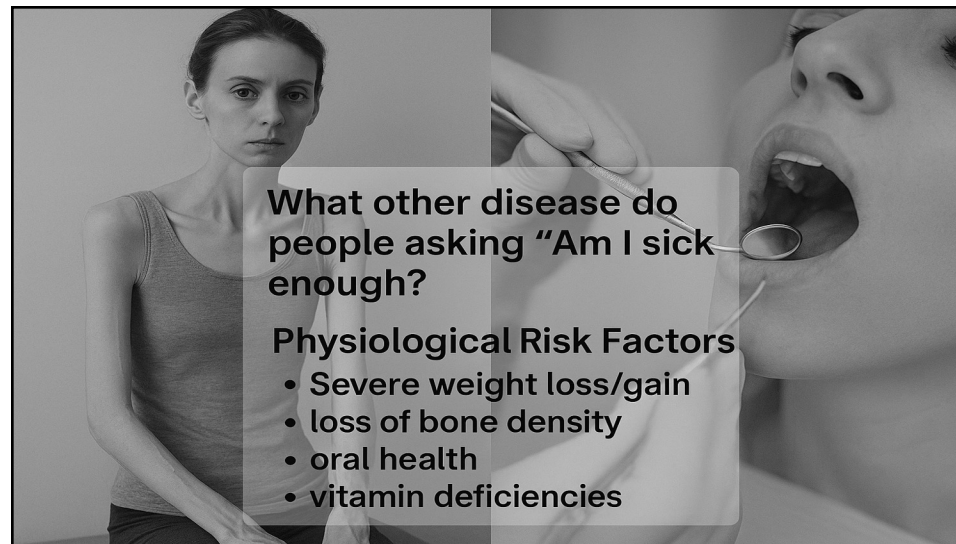
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**What other disease do people asking  
"Am I sick enough?"**

**Social-Cultural Risk Factors**

**-Media  
-High Parental Expectations**

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**CO-OCCURRING DISORDERS**  
MOST COMMON WITH EATING DISORDERS

**PTSD**

**ANXIETY**

**SUBSTANCE ABUSE**

**BORDERLINE PERSONALITY DISORDER**

**DEPRESSION**

**Co-Occurring Disorders Go Hand in Hand**  
Why treatment is so complex

Symptoms overlap and can mask each other

Harder to diagnose accurately

Treatment is more complex and requires integrated care

Higher relapse rates if only one disorder is addressed

Greater risk for self-harm or substance misuse

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## Substance Use Disorder with Eating Disorders

- The interaction between ED and SUD can worsen the course of both disorders
- ED use large consumption of sorbitol (sugar-free gum), packets of artificial sweeteners and low calorie beverages
- Adolescents who struggle with binge eating are also more likely to report drinking more alcohol at each occasion and getting drunk than those who do not binge eat
- Both SUD and ED share common neurobiological process that includes disturbances in neurotransmitter functions such as dopamine, serotonin



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## SOCIAL MEDIA PLATFORMS – WHAT GOES WRONG with Eating disorders



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## Social Media and Eating Disorders

**What is Social Media?**  
Any form of electronic communication including email

**What is Media Literacy?**  
Ability for someone to identify different types of media and understand the messages they're sending

**Why is Media Literacy Important?**

- 🔍 Learn to think critically
- 🛒 Become a smart consumer of products and information
- 🗨️ Recognize point of view
- ✍️ Create media responsibly
- 🌐 Identify the role of media in our culture







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## Studies of Impact of Social Media and Eating Disorders

- Body dissatisfaction
- Drive for thinness
- Negative mood
- Poor sleep quality
- Disordered eating
- Eating concerns
- Low self esteem
- Body comparison
- Anxiety and depression

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Platform	Limitations	Solutions/advantages
<b>TikTok</b> 	<ul style="list-style-type: none"> <li>Powerful algorithm that prioritizes content, particularly videos, based on user interactions.</li> <li>Strict community guidelines, including restrictions on searching for terms such as "pro-ana," "pro-mia," or "vomit".</li> </ul>	<ul style="list-style-type: none"> <li>A new account was created to experiment with the algorithm and find more pro-ana and pro-mia content.</li> <li>Search terms were modified to gain access to such content (e.g., "pro-4na," "pro-mia", "vOmit").</li> </ul>
<b>Instagram</b> 	<ul style="list-style-type: none"> <li>Limited and restricted content through searches using words such as "ana" and "mia," "pro-ana," "pro-mia," "vomit," and similar terms.</li> </ul>	<ul style="list-style-type: none"> <li>After researching the most commonly shared content, specific hashtags like #thighgap, #abcrack, #anagoals, among others, were discovered.</li> </ul>
<b>Google</b> 	<ul style="list-style-type: none"> <li>Difficult access due to a high rate of removal of pro-ED blogs from the internet.</li> <li>Older and less frequently updated content compared to other platforms.</li> </ul>	<ul style="list-style-type: none"> <li>Various indirect avenues for access to these blogs, particularly through Telegram groups and chats.</li> </ul>
<b>Telegram</b> 	<ul style="list-style-type: none"> <li>Fewer video resources compared to a greater quantity of other types (images, documents, challenges, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>Abundant, direct, and enriching information for research purposes.</li> <li>No limitations on searching using keywords such as "ana" and "mia".</li> </ul>
<b>Facebook</b> 	<ul style="list-style-type: none"> <li>Private access to many groups.</li> <li>Fewer varieties of pro-ana and pro-mia resources, with a focus on text-based posts and comments.</li> </ul>	<ul style="list-style-type: none"> <li>Minimal limitations when searching with keywords such as "ana" and "mia".</li> </ul>
<b>Twitter</b> 	<ul style="list-style-type: none"> <li>Fewer varieties of resources in Spanish or English, with a prevalence of text.</li> <li>Lower interaction from community members.</li> </ul>	<ul style="list-style-type: none"> <li>Minimal limitations when searching with keywords such as "ana" and "mia".</li> <li>Some more specific hashtags (#EDtwitter, #abwtbs, #thinspo...).</li> </ul>

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## Can social media feed eating disorders?

96% of teens diagnosed with an eating disorder who visited these sites learned new dieting and purging techniques.

**#thighgap**

**#proMia**

(bulimia is a lifestyle, not a disease)

**#skinny**

(unrealistic body types)

**#ProAna**

(anorexia is a lifestyle vs. a disease)

**#thinspiration**

(inspirations to be thin)

**#dietculture**

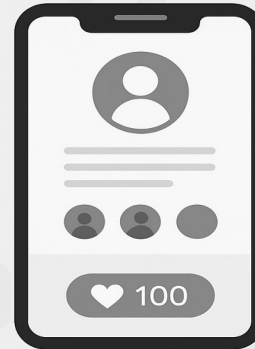
(extreme dieting)

**#eatclean** (gives ideas that food is good and bad)

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## Social Media Behaviors Associated with Eating Disorder Pathology

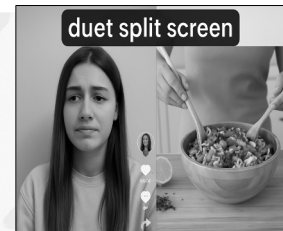
- Untagging photos
- Updating profile picture frequently
- Editing photos
- Positive intermittent reinforcement



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## Questions to Ask before Posting on Social Media

- What are your intentions to post to Social Media?
- Are you ready for many people to watch your story?
- Are you ready if your story goes viral?
- Duet? Split screen—are you ready for someone to poke fun at your story?
- Stitch—Are you ready for someone to *show* your video and then their reaction?
- Are you ready for your story to be out there forever?



### Stitch



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Filter distortion. Filters do not change the person, just the photo.



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**Barbie Up Close**

**Neck**  
With a neck twice as long and six inches thinner than the average woman's, Barbie would be incapable of lifting her head.

**Waist**  
With a 16-inch waist, Barbie's torso would be four inches thinner than the average woman's. She would be unable to walk on all fours.

**Wrist**  
Don't ask Barbie to do any heavy lifting. With 11-inch wrists, she would be unable to support her own weight.

**Feet**  
With 10-inch feet, Barbie would be unable to walk on all fours.

**Legs**  
Barbie's legs are 10% longer than the average woman's. They are also 10% thinner, making them 10% weaker.

**Waist-Hip Ratio**  
Barbie has a waist-hip ratio of 0.58. That means her waist is 58% of her hip width. The average woman has a WHR of 0.80.

### Is a Barbie size Possible? by: NINA GOLGOWSKI

PUBLISHED: 16:35 EST, 13 April 2013 | UPDATED: 18:46 EST, 14 April 2013

-If Barbie was a real woman she'd be forced to walk on all fours.

-Barbie's head would be two inches larger than the average American woman's while resting on a neck twice as long and six inches thinner; from these measurements she'd be entirely incapable of lifting her head.

-Her 16-inch waist would also be four inches thinner than her head, leaving room for only half a liver and a few inches of intestine.

-Barbie's size has long been controversial with Mattel previously **defending her slim figure because of the bulk her clothes' seams, snaps and zippers added.**

-In 1998 the dolls' waist was expanded and bust made smaller, said to reflect a more 'real' female body type.

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## Males & Eating Disorders Struggles and Realities

Men are told to be strong. Acknowledging body struggles reveals a vulnerability not accepted by masculinity norms.

**Silenced Voices:** Unlike women, men lack a cultural movement resisting body criticism. Admitting concerns challenges masculinity norms.

**Cultural Pressures:** Media-driven body ideals create unrealistic expectations. Vulnerable males may internalize these with serious consequences.

**Isolation & Mental Health:** Facing eating disorders alone can lead to depression, anxiety, and distress. Doctors often mislabel eating disorders as a women's issue.

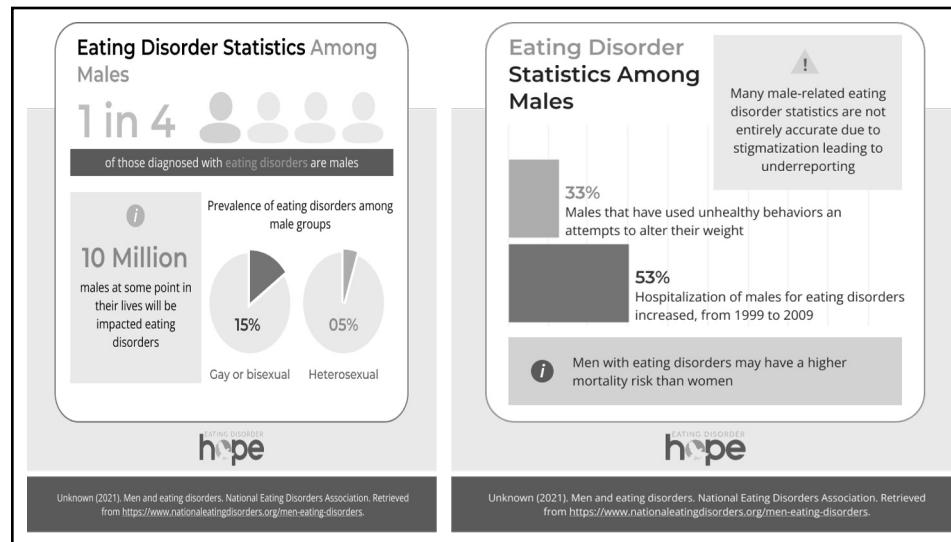
**Statistics:** 40% of those seeking treatment for binge eating disorder are male (NEDA).

**Behavioral Risks:** Pressure to be muscular → use of steroids, growth hormones, performance enhancers. Disorders often seen as "feminine."

**Call to action:** Emphasis must be placed on educating parents, pediatricians, and adolescent medicine doctors about eating disorders in males.



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### AAP's 2023 Recommendations on Adolescent Obesity

**Scope:** 14.4 million U.S. children & teens affected

**Medical interventions:**

- Weight loss drugs  $\geq$  to 12 years whose obese
- Bariatric surgery referral for  $\geq$  13 years with severe obesity

**Stigma & Bias:** AAP urges providers to address weight bias; 7% of Americans report weight stigma from doctors

**Criticism & concerns:** Labeling obesity as disease may worsen stigma, increase dieting, and fuel eating disorders



Not every diet leads to an eating disorder, but every eating disorder starts with a diet.

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## Eating Disorders & Social Injustice

- DSM-5 prior to 2020 was written for white women; no representation from underrepresented groups (men, trans, LGBTQ)
- Growth charts—know the history of country of origin of child
- Higher Level of Care (HLC) re-feeds based on growth charts, needs to be culturally responsible
- Medical procedures not approved solely based on BMI (e.g., single mom denied life insurance)
- Watch culture of HLC—will identities be/feel safe? (race, sex, trans, LGBTQ, size). Am I the only large one here? The smallest one?



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## Social Injustice Statistics: Multi-Cultural Factors

- 74% of American Indian girls reported dieting and purging with diet pills.
- Eating disorders are one of the **most common** psychological problems in young women in Japan
- Reports of ED's have appeared in increasing frequency from Asia, Eastern Europe, and South America in the last 20 years
- African American girls are 50% more likely than white girls to exhibit bulimic behavior



Copyright International Journal of Eating Disorders,  
Vol. 44, Issue 1, January 2011, pp 76-80

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## Eat or don't Eat: The Inner Voice

### EAT

Noise gets louder  
Intrinsic thoughts  
Irrational mind

Inner voice may say:

"You're stupid"

"You're ugly"

"You're weak"

"Why don't you just kill  
yourself"

**Think about where the student is during the day:**

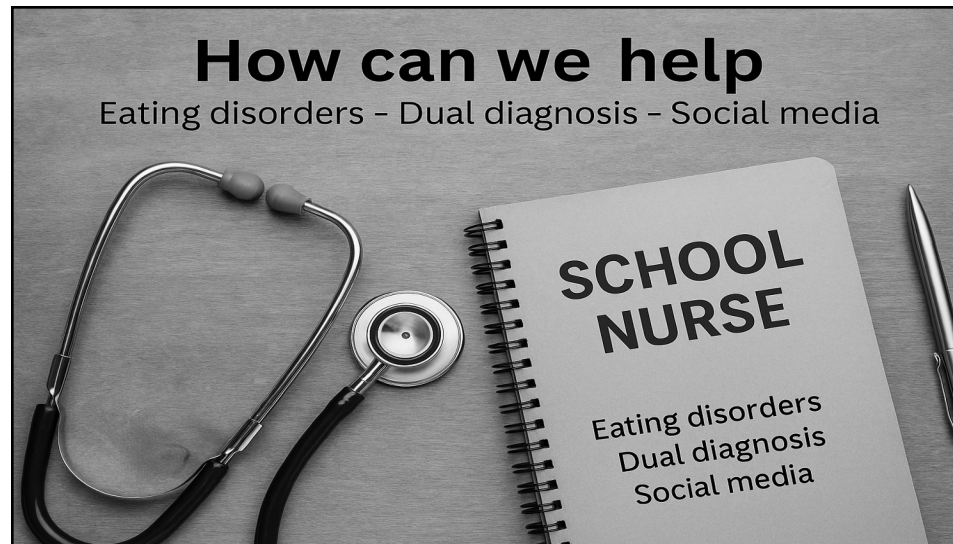
What class is first period? • What classes are right before or after lunch?

### DON'T EAT

- Noise quiets
- Able to think more clearly
- Energy shifts to school work, social interactions

May lose "hangry" feeling  
or hunger cues

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## As a school environment what can we do?

For these students, it is not as simple as "just eat."

- Validate their fears
- Listen without judgement
- Make a Connection
- Decrease the noise

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## Developmentally Appropriate Conversations About Eating Disorders



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### Developmentally appropriate at every level

#### 7-10 years | Elementary Level

In general, children under the age of 12 years do not need information on eating disorders. Communication with children should focus on the positive behaviors.

In school prevention programs should focus on:

- Good health
- Body image and self esteem
- General mental health literacy



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## Developmentally appropriate at every level

### 10-14 years Middle School

Transitional years of puberty are a critical period for intervention

In school prevention programs should focus

- Self-esteem
- Perfectionism
- Media literacy
- Healthy eating
- Risks of dieting
- Natural changes in variation in body shape
- Standing up to peer pressure
- Building a peer environment that supports positive body image



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## Developmentally appropriate at every level

### 15-18 years High School and Tertiary

For young people aged 15-25 years, information on eating disorders may contribute to recognition of risk factors in themselves and others and the development of supportive community environments.

This age group may be at higher risk having already engaged in disordered eating behaviors. Messages should be tailored to meet the needs of high risk audiences.

Messages should include ways to challenge the thin ideal.



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## Individual Health Care Planning (IHP) for Students with Eating Disorders

Guidance for School Nurses to Assess, Monitor, and Support Students



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## Observation & Teacher Input

- Over-exercising behaviors:  
Arriving early, staying late, walking halls, stair use
- Bathroom patterns: Extended use, purging, avoidance of class
- Lunch behaviors: Skipping meals, eating location, companions
- Sports participation: Assess for over-training risk



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## Physical & Clinical Signs

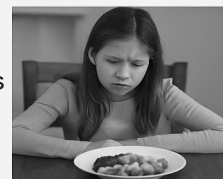
- Orthostatic vitals, dizziness, bradycardia
- Stomach aches, reflux, constipation
- Fatigue, lethargy, falling asleep in class
- Chronic sore throat, muscle weakness
- Layered clothing, feeling cold
- Hair loss, amenorrhea, osteoporosis/broken bones
- Yellowish skin, dehydration



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## BEHAVIORAL & COGNITIVE SIGNS

Hoarding food, binging cycles  
 Excessive standing to burn calories  
 Black/white thinking – struggles with "grey" assignments  
 Health office visits to avoid stress/triggering classes  
 Perfectionism traits  
 Vomiting episodes at school



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## SCHOOL ENVIRONMENT & TRIGGERS

- Math (calorie-counting), ELA/MH classes (triggering topics)
- Sensitive content: food, suicide, trauma
- Modify health/gym classes as needed
- Identify and work around known triggers
- Encourage self-esteem through lunch/social supports

### Triggers

- Math calorie-counting lessons
- ELA/MH topics (trauma, suicide, food-related)



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## COMMUNICATION & SUPPORT SYSTEM

- Designate a point person for coordination
- Maintain open communication with staff, parents, and student
- Ask the student privately how they prefer teachers respond
- Adjust assignments/projects to reduce triggers



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## Communication: Expressing Care and Concern – Helpful Tips

### Helpful Tips

- Use “I” statements (e.g., “I care about you.” “I’m worried about you.”)
- Connect with the student and let him/her/they know you are safe to talk with
- Find time to talk about their feelings
- Listen respectfully to what they have to say

### Avoid

- Putting the blame on food
- Using blame statements  
Instead of “You are making me worried” say “I am worried about you.”
- Manipulative statements  
e.g., “Think about what you are doing to me.”
- Using the word “but” in a sentence

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## Examples of Taking the Word “But” Out of a Sentence

### Example 1:

Original: I don’t want to do screenings, but I know it’s regulated by the state.

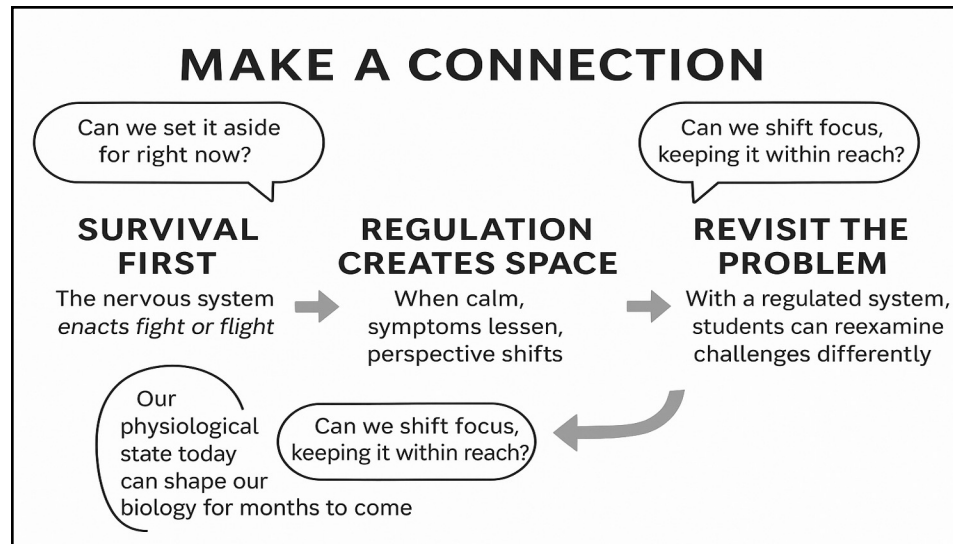
Revised: I don’t want to do screenings, yet I know this is going to identify someone who is struggling.

### Example 2:

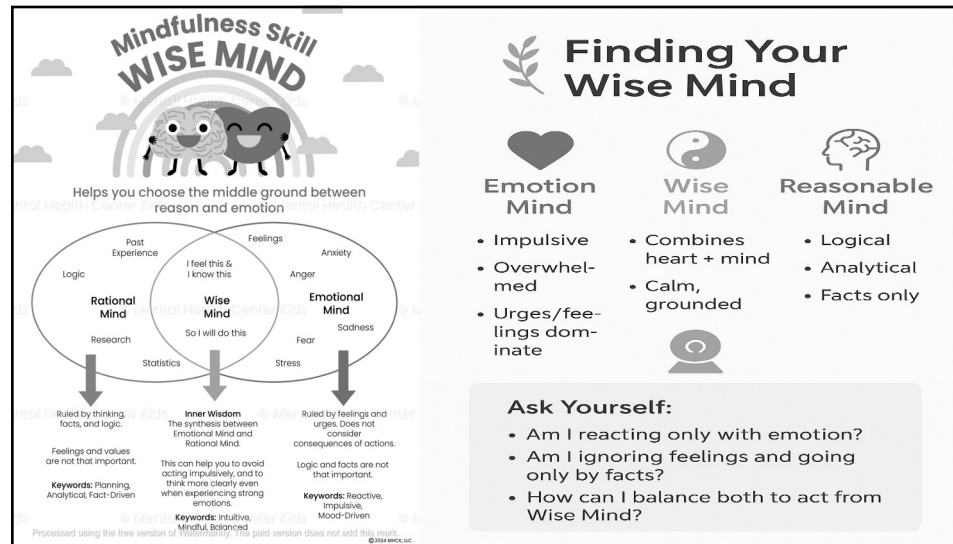
Original: I know that you are trying your best, but you need to try harder.

Revised: I know that you are trying your best, and I know you can try harder.

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## Are we using a Wise Mind?

Are we more Emotional or are we Rational?

Questions to ask when a student is not in an irrational state of mind

### Catch it (Awareness)

Write down their  
triggers

### Challenge it (Is something true?)

What are a student's  
coping strategies?

### Change it (Take action)

What steps could  
you take to move  
forward

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## Connection with a Student

No matter how irrational the thought, feeling or behavior, remember the nervous system does not make moral meaning or assign motivation – it simply enacts a response to ensure survival. (*Fight or flight*)

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### POSITIVE HEALTH MESSAGES TO REDUCE EATING DISORDER PREVALENCE

- Interventions should focus on health, not weight, and be delivered from a perspective with equal consideration given to social, emotional and physical health.
- Weight is not a behavior and therefore not an appropriate target for behavior modification; interventions should focus only on modifiable behaviors (physical activity, eating habits, time spent watching TV)
- People of all sizes deserve a nurturing environment and will benefit from a healthy lifestyle and positive self-image

Progress,  
not  
perfection

Self-care  
is not  
selfish

You are  
more than  
a number  
on a scale

Healing is  
not linear,  
and that's ok

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### Be Prepared

- The student may experience anxiety, shame, guilt, denial or not recognize anything is wrong.
- Approaching must be caring, in an open, calm environment
- Fear of disclosing behaviors is common.

**Key:** Let them know **you care and want to support them.**

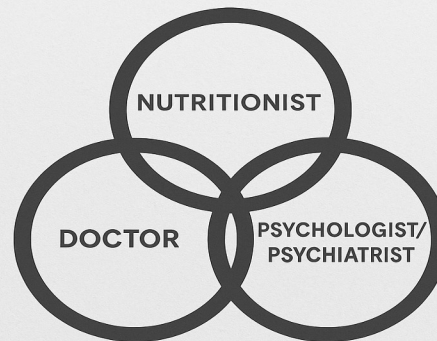
### Ask Yourself First

- Have I documented specific behaviors, place and time?
- Am I the best person to approach the student?
- Would they respond better to a 1:1 or with another supportive staff member?
- What is the best time/place to approach the student?



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## TEAM APPROACH: WHO UNDERSTANDS EATING DISORDERS



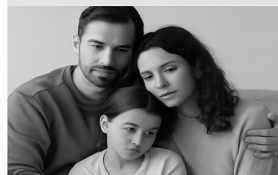
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### Team Approach – It Takes a Village How Families are Overwhelmed



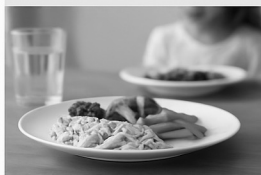
**Families**  
Psychological Concepts



Guilt / Shame  
Depression / Confusion  
Mentally exhausted



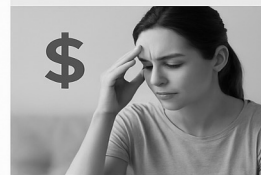
**Family Nutritional**  
Concepts



Cooking special meals  
Eating for their child  
Grocery trips



**Family Physical**  
Condition





Stress & exhaustion  
Poor sleep & constant worry  
Financial strain / Denial

*Families need compassion, understanding, and community support.*

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thank  
you






# Questions?

“How very little can be done under the spirit of fear.” — Florence Nightingale

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