

Responding to Students who have Disordered Eating

Eating disorders are not necessarily about food, but food is the substance that people with eating disorders abuse. Eating disorders have both physical and psychological symptoms. They are characterized by problematic attitudes and feelings about food, weight and body shape, a disruption in eating behaviors and weight management, and intense anxiety about body weight and size. Eating disorders usually refers to Anorexia Nervosa, Bulimia Nervosa, and/or Binge Eating Behavior.

Anorexia Nervosa is characterized by restricted eating, self-starvation and excessive weight loss. **Bulimia Nervosa** is characterized by recurrent episodes of overeating large amounts of food in a short period of time (the binge) followed by some form of purging. **Binge Eating Behavior** is characterized by recurrent episodes of binge eating that are not followed by inappropriate compensatory behaviors (purging) to prevent weight gain.

WHAT YOU CAN DO

- Select a time to talk to the student when you are not rushed and won't be interrupted.
- In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern, trying not to focus on body weight or food.
- Your responsibilities are not to diagnose or provide therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
- If the information you receive is compelling, communicate to the student your tentative sense that he or she might have an eating disorder as well as your conviction that the matter clearly needs to be evaluated.
- If you have any questions regarding the resources available or about how to approach a student, call the Counseling Center, 607-274-3136; the Health Center, 607-274-3177, or the Coordinator of Health Promotion, 607-274-3136.

AVOID

- Avoid conflicts or a battle of the wills with your student.
- Avoid placing shame, blame, or guilt on your student regarding their actions or attitudes.
- Avoid giving simple solutions. For example, "If you'd just stop, then everything would be fine!"
- Do not intentionally or unintentionally become the student's therapist, savior, or victim.