

# Tips for School Counselors Supporting Students with Eating Concerns

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This guide was developed to assist school counselors in identifying and supporting students with eating concerns. Eating concerns exist on a spectrum and the term can refer to an eating disorder or disordered eating. It's important that disordered eating is identified and treated in the early stages, otherwise it can progress into an eating disorder if left unaddressed.

**Disordered eating** refers to a range of irregular eating behaviors that may or may not warrant a diagnosis of a specific eating disorder. Dieting is one of the most common forms of disordered eating (Academy of Nutrition and Dietetics).

**Eating disorders** refer to behavioral conditions characterized by severe and persistent disturbances in eating behaviors and associated distressing thoughts and emotions. Eating disorders are estimated to affect up to 5% of the population. While they can affect anyone at any time during the lifespan, women between the ages of 12 and 35 are most often affected (Academy of Nutrition and Dietetics).

- First and foremost, question and address your own biases about food and body image so your own beliefs don't negatively impact students. Educate yourself about body diversity and *Health at Every Size* by Lindo Bacon, PhD.
- Prevention is important! Work with your school to assess the content being taught in health classes to determine if it could be contributing to the start of disordered eating (e.g., encouraging students to track food/calories, recommending students cut certain foods from their diet, etc.)
- Eating disorders don't always have a specific look. Only 6% of people with an eating disorder are considered medically underweight (*Project Heal*).
- Consider providing programming on healthy body image and non-disordered eating during the school day or after school to educate parents and/or students on these topics. This kind of programming is most effective when it focuses on reinforcing healthy habits and holistic wellbeing rather than on weight status.
- Talk with any students of concern and pay attention to the language they use that might be the first signs of disordered eating or an eating disorder (i.e., negative body image, dieting, guilt or shame about eating, comparing one's body to others, etc.).
- If there is cause for concern, it is never a bad idea to share your thoughts with the parents/guardians about getting the student connected with a specialist.

## Signs to look out for:

- Skipping lunch
- Seeking out snacks frequently
- Avoiding high fat foods, eating only health foods, or consuming a very narrow variety of foods
- Throwing away food
- Avoiding food in social situations
- Playing with or taking apart foods (e.g., removing cheese from pizza)
- Secrecy around eating
- Using the restroom immediately after eating
- Weight loss, weight gain, or fluctuation in weight
- Frequent attempts at dieting
- Obsession with maintaining low weight to enhance performance in sports, dance, acting, or modeling
- Excessive exercise in physical education class, sports, dance, etc.
- Continually talking about food, weight, and body image or disparaging comments about their appearance
- Preoccupation with dieting or exercise
- Fatigue or dizziness
- Wearing baggy clothing
- Calluses or scars on the knuckle (from sticking their fingers down their throat to induce vomiting)

## Changing Language

Adolescents and Young Adults (AYA) with eating disorders (ED) perceive language differently than intended, therefore it's critical that providers are mindful of the language they use and how AYA might perceive certain communications in a way that perpetuates an eating disorder (Yorke et al., 2021). Youth can become hyper-vigilant to "fat"-related words, and they are also very aware of verbal and nonverbal commentary about appearance. Therefore, providers should actively work against placing value on appearance and size and avoid talking about dieting, exercise, and calories.

Common language used to communicate to AYA w/ED	What AYA w/ED hear	Alternative options for more mindful communication	Purpose of communication change
"You look great."	"I must be getting fat."	"I heard that you had a difficult day yesterday. Do you want to talk about it?"	In general, avoid any reference to the AYA's appearance, especially their body size, shape or weight. Focus on the AYA's inner qualities or try talking about how the AYA is feeling.

<p>“You look really thin, you must have lost a lot of weight.”</p>	<p>“My eating disorder is working, I’m getting thinner. I’m so proud of myself!”</p>	<p>“This eating disorder is going to prevent you from doing things that you love to do.”</p>	<p>Avoid focusing on appearance, and remind the AYA how the ED can have negative physical and psychosocial impact on their health and well-being.</p>
<p>“You look unhealthy.”</p>	<p>“I must be thin. My restriction over the past week has worked!”</p>	<p>“You appear to not have as much energy as compared to last week. What do you think is going on?”</p>	<p>Avoid comments that focus on body shape, weight or size. It is appropriate to ask questions about an AYA’s health rather than making assumptions about the way they look or feel.</p>
<p>“You don’t look underweight. I’m not sure you have an ED.”</p>	<p>“I must be too fat. I want help with these thoughts, but maybe I am not sick enough and don’t need help.”</p>	<p>“Are you struggling with something that you’d like to talk more about? I’d like to see you more regularly so we can talk more about it.”</p>	<p>AYA with ED can be of all shapes and sizes. AYA with EDs may still be struggling with ED thoughts, even when they are weight restored. Avoid discussion about physical appearance. Redirect the discussion to the patient’s experience and their feelings. Offer your support.</p>
<p>“Hey, you look like you’ve recovered from your ED.”</p>	<p>“Although I wish this eating disorder would go away altogether, there is a part of me that wants to hang onto it.”</p>	<p>“How can I help support your recovery?”</p>	<p>Recovery from an ED can be a long process and patients may be ambivalent about this process. Be patient. Do not make assumptions about a patient’s stage of recovery. Ask supportive, open-ended and patient-centred questions.</p>

Table sourced from *Shared Language and Communicating with Adolescents and Young Adults with Eating Disorders* (Yorke et al., 2021).

**Do you have a student who you think needs specialized treatment?**

Check out the National Eating Disorders Association website to [find treatment](#).

This product was created by our valued partners at the Ohio Association of County Behavioral Health Authorities (OACBHA). You can find more resources and training opportunities on their website: [oacbha.org](http://oacbha.org).

