Teaching Students with Mental Health Disorders
Resources for Teachers

Volume 1 - Eating Disorders

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- Kristy Dellabuur
  Coordinator, B.C. Eating Disorders Association
- Denise Hodgins
  Coordinator, B.C. Eating Disorders Association
- Bonnie Jesten
  School District 73 (Kamloops-Thompson)
- Dr. Pierre Leichner
  Pyschiatric Director, B.C.'s Children's Hospital Eating Disorders Program
- Dr. Ron Manley
  Clinical Director, B.C.'s Children's Hospital Eating Disorders Program
- Dianne Noort
  School District 27 (Cariboo-Chilcotin)
- Michael Scales
  School District 35 (Langley)
- Bert Slater
  School District 61 (Greater Victoria)
- Judy Specht
  School District 22 (Vernon)

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Helping Students with Eating Disorders

Students with eating disorders present a unique challenge for teachers. Eating disorders, particularly less severe cases, can be virtually undetectable. In British Columbia schools, many hundreds of students with diagnosed eating disorders participate in normal routines without their teachers or classmates realizing there is reason for concern. Even in more severe cases, many teachers never suspect these students have a problem at all. Often, they appear to be model students: helpful, hardworking and anxious to please. When terms like "anorexic" or "bulimic" are used to describe them, some teachers, along with friends and family members, harbour doubts. It can be difficult to understand how someone who appears so competent could be suffering from such a debilitating emotional disorder.

Many people lack a context for understanding eating disorders. This resource guide has been developed to help educators:

- access basic information about students with eating disorders,
- achieve a realistic awareness about eating disorders,
- learn background information to assist in identifying early warning signs of eating disorders, and
- develop strategies for supporting students with eating disorders and their families.

Eating disorders are complicated and serious. Only a fully trained therapist should attempt to counsel someone suffering from these disorders. Teachers, however, can play an important role in the healing process. Teachers are in a position to spot the warning signs of eating disorders. As caring and informed adults, who see the students on a daily basis, teachers may also play a preventive role by leading classroom exercises that explore issues such as nutrition, body image and self-esteem. As well, teachers can help create school and classroom environments that are particularly sensitive to the needs of students with eating disorders.

This resource is designed to support teachers in acquiring the knowledge, skills and attitudes needed to allow them to feel confident in responding in a positive and proactive manner to students with eating disorders.

This resource guide has been divided into five sections, covering areas of concern identified by experienced educators, including:

- What are Eating Disorders?: general background information
- Identifying and Referring At-risk students: strategies for identifying and referring at-risk students,
- Teaching Students with Eating Disorders: strategies for supporting students in the classroom,
- Opportunities for Proactive Intervention: preventative strategies for classroom teachers, and
- Appendices and Resources: additional sources of information.

Above all, this resource is intended to support the classroom teacher who is teaching a student with an eating disorder by providing insight into this complicated health and mental health condition. It addresses the stress that parents of a student with an eating disorder may be feeling. This resource is designed to support teachers in acquiring the knowledge, skills and attitudes needed to allow them to feel confident in responding in a positive and pro-active manner to students with eating disorders.

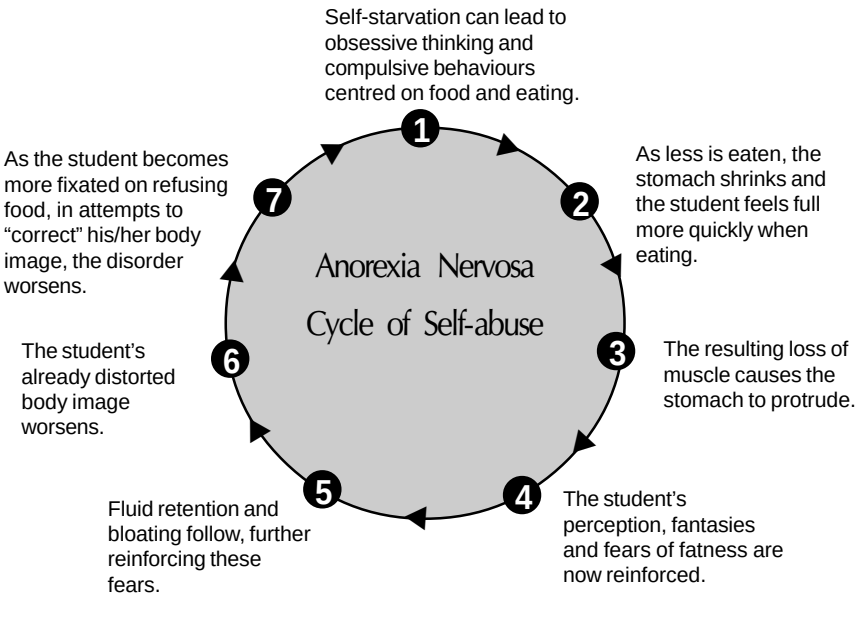
What Are Eating Disorders?

In the broadest sense, the term "eating disorder" can refer to any destructive or self-defeating pattern of eating behaviour. Typically, students with eating disorders are preoccupied with food, weight and their personal body image. It is important, however, to distinguish eating disorders from other eating-related problems.

Eating disorders are complex and their causes are not well understood. A number of factors contribute to the onset of eating disorders: genetics, family relationships, trauma and individual cognitive styles. Since eating disorders most often arise during adolescence, there may be some developmental triggers as well. In general, students with eating disorders experience depression or low self-esteem

Typically, students with eating disorders are preoccupied with food, weight and their personal body image.

Eating Disorders: a vicious circle of self-abuse



From "Eating disorders: a continuum," by J. Marchuk, notes from a presentation to the Alberta Teachers' Association Guidance Specialist Council, Annual Conference, Banff, Alberta, November 6–8, 1997.

and relate these problems to their body image. Disordered eating may be seen as an attempt to create, or regain, a feeling of control when the rest of life seems out of control. Often for these individuals eating, or not eating, is how they attempt to communicate their needs and to cope with high stress levels. This behaviour is supported and maintained by the individual's skewed system of logic. For many, it becomes a vicious circle, as the physical consequences of malnutrition or overeating undermine their already fragile self-concept.

One of the most life-threatening eating disorders, anorexia nervosa, can be illustrated as shown on page 11.

The potential for escalation into a cycle of self-abuse is common to all eating disorders due to the effect on perception, thinking, mood and behaviour. Eating behaviours may move along a continuum of severity, from normal eating to the actual onset of bulimia or anorexia. Recent research indicates that as the disturbance in normal eating patterns becomes more extreme, so does the individual's sense of body dissatisfaction, interpersonal distrust, fear of maturing and inability to regulate impulsive behaviour. The person with an eating disorder develops patterns of self-control or self-denial that are extreme. It is also important, however, to know that an individual does not have to progress through all or any eating styles prior to developing an eating disorder. The continuum of eating behaviours is further illustrated in Appendix A.

Contributing Factors

Researchers have tried for many years to identify the causes of eating disorders. Lately, scientists have turned away from the notion of a single cause and have come to understand that a number of factors predispose people to eating disorders. Those factors include a number of personality and environmental triggers.

Many individuals with eating disorders set the unattainable standards of a perfectionist for themselves, suffer from low self-esteem, and tend to develop depression. These individuals may have experienced an event threatening to their self-esteem, such as a family divorce, a change of school or loss of a friend, in the months leading to the onset of the problem. There is evidence that sexual abuse may be a factor in some cases.

Transition is thought to be significant. The move from childhood to adolescence is closely linked to the development of eating disorders. Some researchers believe that the eating disorder may represent an attempt to delay or postpone physical and emotional maturation and the responsibility that comes with growing up. Finally, scientists believe that genetics may play a significant role, although research in this area is only in its earliest stages.

Environment can be a key factor. Households that place a major stress on academic and athletic achievement are described as being more likely to inadvertently foster eating disorders. Youth drawn to highly competitive activities that focus on thinness, such as gymnastics, ballet or modelling, are also at increased risk.

A second aspect of environment, cultural influences, are also thought to be a factor. We live in a culture that values thinness, especially for women. Television and print media portray desirable and successful people with sleek, even gaunt, supermodel shapes, setting an unrealistic standard for beauty. In this light, one can easily see how impressionable and vulnerable pre-adolescent and adolescents, in the midst of the physical changes of puberty, may struggle to attain these unrealistic standards and, in doing so, seriously compromise their health and well-being.

Overview of Contributing Factors

Personality

Generally affects people who are achievement-oriented, perfectionistic or have low self-esteem.

Experience

People who have experienced sexual and other abuse may be at heightened risk, as may anyone who has experienced a significant loss, through things like death or divorce.

Environment

People with eating disorders may be from highly stressful homes, where achievement or appearance, particularly as it relates to body size, is emphasized. Also at increased risk are people who participate in highly competitive activities that place an undue emphasis on body size, such as gymnastics, ballet, modelling and long-distance running.

Genetic Predisposition

Not well understood, but seems to be a factor.

Characteristics of Students with Eating Disorders

While there are a number of different kinds of eating disorders, this document will focus on three that stand out because of their prevalence and severity: Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder.

This section presents a general description of each disorder, followed by a list of specific "indicators" a student may display. These indicators can help teachers to recognize the symptoms, but are not provided for diagnostic purposes. Eating disorders are medical conditions that must be diagnosed by physicians and mental health professionals.

Understanding the "warning signs" helps teachers to support treatment plans designed by health professionals.

The indicators are organized into four domains: behavioural, cognitive, affective and physical. These are the "warning signs" that may draw a teacher's attention to a potential eating disorder and that provide a framework for understanding the day-to-day challenges faced by students with eating disorders. This understanding helps teachers to support treatment plans designed by health professionals, as far as these plans might affect the classroom, and provides educators with enough information to have a meaningful discussion with parents, physicians, counsellors and others. While teachers should not assume the role of medical diagnosticians, they are in an excellent position to observe and keep notes about warning signs and forward their concerns to the appropriate professionals.

Behavioural indicators are:

- the kinds of behaviours typical of a student with an eating disorder, and
- the indicators most likely to be noticed by a teacher because they are often clearly evident and require only skilled observation.

Cognitive indicators are:

- messages the student might communicate that give an indication of internal thought processes,
- comments heard directly from a student or overheard in student conversations, and
- indicators a teacher may find more difficult to recognize since they require a certain amount of interpretive skill and often emerge only in therapy.

Affective indicators are:

- emotional signs which, on their own, may signify nothing more than typical adolescent emotions but, when taken in combination with other indicators, may heighten a teacher's concerns,
- emotional indicators that teachers should discuss with a school counsellor to determine their significance, and
- very difficult to detect because they require a high level of interpretive skills.

Physical indicators:

- provide some of the best evidence of the presence of an eating disorder,

- require a high degree of contact with the student to be identified. Teachers usually do not have a sufficient level of contact to make this identification, and
- are more properly explored by a parent, doctor or other trained professional.

Anorexia Nervosa

Anorexia nervosa is the best known of the three disorders. By definition, anorexia nervosa is the inability to maintain body weight at or above the minimum of the normal weight range for height and body build. People suffering from this disorder are chronically underweight, yet harbour deep anxieties about becoming fat. They are not simply victims of a diet gone bad, they have an intense and irrational fear of being overweight, or even of being a normal weight. No amount of argument or logic can change this mind set. In anorexia, the destructiveness of the eating disorder is denied. Starving is seen as essential to maintaining competence and self-esteem.

The prevalence of anorexia nervosa is not known because many people with the disorder are not aware they have a problem. It is estimated that between half a percent and one percent of females in North America suffer from the disorder. While people with anorexia come from all cultures and socioeconomic backgrounds, the majority of reported cases are females from white, middle-class backgrounds. Adolescent girls are the highest-risk group for becoming anorexic, and females in general are the more susceptible. Males, however, are not immune to the problem. It is believed that five to 10 percent of people with anorexia are male.

Anorexia nervosa has serious consequences. In adults, it has one of the highest mortality rates of any psychiatric disorder. One in ten patients will either commit suicide or die as a result of malnutrition. Even those less affected can face serious health concerns, in part, because the disorder usually surfaces during adolescence when the body's nutritional demands are high. Adolescents with anorexia frequently encounter problems with menstruation, a weakened immune system, stomach and heart problems, and chemical imbalances in the brain which can increase depression and anxiety levels.

Approximately half of all people with anorexia nervosa also engage in some "bulimic" behaviours.

Indicators

A student with anorexia nervosa may exhibit some or many of the following indicators.

Behavioural:

- Eats very little, and usually only from a narrow selection of food considered "safe."

Distinguishing Characteristics of a Student with Anorexia Nervosa

- Refuses to maintain a minimal, normal body weight for age and height.
- Harbours an intense fear of weight gain, regardless of low weight.
- Develops rituals around food intake.
- Perceives self as being fat, even when critically underweight.
- May perceive dieting to be the highest form of self control, and equate successful dieting with personal success.
- Undertakes rigid and excessive exercise regimes.

- Eats a restrictive diet, even when underweight.
- Shops for groceries and prepare food for others, but avoids eating.
- Pays a lot of attention to creating and maintaining records like meal plans and calorie journals.
- Continually weighs and measures food.
- Hoards food. For example, hides food in a locker or knapsack.
- Exhibits significant weight loss in the absence of any related illness.
- Wears layers of loose fitting clothing to hide the body.
- Withdraws from social activities and becomes immersed in highly physical, repetitive activities such as working out, running, cycling or roller-blading.
- Sets unrealistically high goals and constantly strives for perfection.
- Demonstrates an unwillingness or inability to eat which becomes a consistent focus of attention from family and friends.
- Demonstrates changes in behaviour, such as increased activity levels, that appear incongruent with the student's personality.

Cognitive:

- Preoccupied with food. Conversations, school projects, artwork, etc. may revolve around food themes.
- Has difficulty concentrating.
- Appears indecisive or, conversely, exhibits rigid "black-and-white" thinking.
- Makes comments about being overweight or expresses a belief that thinness equates to happiness.
- Considers self "fat," but does not appear to be so.
- Places a premium on self-control.

Affective:

- Appears anxious, depressed, angry, irritable, defiant, stubborn or displays intense mood swings.
- Expresses feelings of inadequacy, worthlessness, anxiety and loneliness.
- Demonstrates feelings of low self-esteem through radical change in attire, body language or social relations.
- Tends to be withdrawn and appears isolated.
- Demonstrates inflexibility and resists changes to routines.
- Expresses a fear of weight gain.
- Expresses feelings of failure with less than perfect school grades/marks.
- Associates feelings of shame or guilt with eating disorders when taking part in a class discussion on the topic.

- Denies anything is wrong. Becomes sullen, angry or defensive when concern is expressed.

Physical:

- Weight loss is noticeable, often over a short period of time.
- Appears unusually thin, with little muscle or fat.
- Complains of ongoing stomach problems, muscle cramps or tremors.
- Skin is unusually dry or scaly, and yellow or grey in colour.
- Fine hair growth on face or body.
- Dull, brittle or thinning hair.
- Engages in binge eating, eating large quantities of food over short periods of time.
- Appears chronically tired.
- Constantly complains of feeling cold.
- Suffers unusually severe dental problems.
- Experiences loss of menstrual periods. Younger females may experience a delay in the onset of menses.

Bulimia Nervosa

Often confused with anorexia nervosa, bulimia nervosa is actually a distinct eating disorder. People with bulimia go through behaviour cycles marked by binge eating followed by purging through self-induced vomiting or use of laxatives. Some other behaviours of people with bulimia are excessive exercising or fasting. Like people with anorexia, those with bulimia are obsessed with their weight and body image. They set unreasonably strict diets. When they do not maintain these diets, they fall into episodes of intense eating followed by purging. These episodes typically occur in secret, in order to avoid criticism from family and peers. Unlike students with anorexia, students with bulimia are more likely to acknowledge their behaviour. Despite acknowledging the consequences of the behaviour, they will not use this knowledge to initiate change, but rather use the behaviours to confirm their own negative self-image.

People with bulimia tend to be average weight to overweight, because of their episodes of intense eating. They may, however, go through periods of time when they are underweight. They may also suffer both the physical and mental effects of chronically poor nutrition, including stomach and cardiovascular problems, damage to the immune system, and depression. They are at risk for rupture of the oesophagus, inflamed throat, and other side-effects from self-induced vomiting.

While researchers still do not have a clear understanding of the long-term effects of bulimia, some believe the mortality rate for bulimia is as high as it is for anorexia. They do agree that bulimia is a more widespread eating disorder. It is

Distinguishing Characteristics of a Student with Bulimia Nervosa:

- Experiences recurring episodes of binge eating -- repeatedly eats a greater amount of food than most people would eat during a similar period and under similar circumstances.
- Feels a lack of control over eating during binge periods. Feels unable to stop eating or control the amount of food being consumed.
- Engages in repeated purging or other inappropriate compensatory behaviours such as self-induced vomiting, fasting, compulsive exercise or the misuse of diuretics, laxatives, enemas or other medications. Followed by feelings of depression, guilt and fear.
- Perceives self to be fat, regardless of weight.
- Has a self-perception and self-esteem which is significantly influenced by body shape and weight.
- Weight fluctuates frequently.
- Undertakes rigid and harsh exercise regimes.

estimated that as many as three percent of North American females suffer from bulimia nervosa.

Indicators

A student with bulimia nervosa may exhibit some or many of the following indicators.

Behavioural:

- Eats a large amount of food over a short period of time.
- Engages in purging or other inappropriate compensatory behaviours after eating, including: self-induced vomiting, fasting, excessive exercise and/or the misuse of laxatives or diuretics.
- Eats in private or is secretive about eating behaviours.
- Often eats a restrictive diet.
- Prefers high-fat, high-carbohydrate and high-sugar "junk" foods during binge episodes.
- Frequently uses the bathroom for extended periods of time after eating.
- Engages in "acting out" behaviours, such as shoplifting, binge spending, alcohol or drug use and/or sexual promiscuity.
- Shows a marked decline in school attendance patterns.
- Often appears socially outgoing, but on close examination, relationships may tend to be superficial.
- Sets high goals and constantly strives for perfection.
- Often appears to be of average weight or overweight.

Cognitive:

- Is preoccupied with food. Conversations, school projects or artwork may revolve around food themes.
- Has difficulty concentrating, appears indecisive or, conversely, exhibits rigid "black-and-white" thinking.
- Makes comments about being overweight or expresses a belief in the importance of self-control when it comes to eating habits.
- Expresses fears about intimacy in personal relationships.

Affective:

- Appears anxious, depressed, angry, irritable, defiant or stubborn, or displays intense mood swings.
- Expresses feelings of inadequacy, worthlessness, anxiety and loneliness.
- Demonstrates feelings of low self-esteem through appearance, attire, body language or social relations.
- Expresses a fear of weight gain.

- Expresses feelings of failure with less than perfect school grades/marks.
- Associates feelings of shame or guilt with eating disorders when taking part in a class discussion on the topic.
- Expresses fears about intimacy in personal relationships.
- Feels dependent on others for approval and appreciation, relying on others to determine self-worth.

Physical:

- Exhibits broad fluctuations in weight.
- Has dental problems, broken blood vessels under the eyes, "bags" under the eyes, or throat problems. These are physical conditions that can be caused by self-induced vomiting.
- Complains of dehydration, fainting spells, dizziness, hand tremors or blurred vision.
- Suffers from ongoing stomach problems.
- Engages in binge eating, eating large quantities of food over short periods of time.
- Experiences loss of, or irregular, menstrual periods.

Binge Eating Disorders

In sharp contrast to the undereating behaviour of individuals with anorexia nervosa, people with binge eating disorder are chronic overeaters who go through long periods of frequent bouts of binge eating. These periods of overeating, often six months or longer, are followed by feelings of guilt and shame. Unlike people with bulimia nervosa, however, people with binge eating disorder do not engage in purging or other compensatory behaviours.

Sometimes called "compulsive eating" or "food addiction," binge eating disorder is much more widespread than either bulimia or anorexia. Males, people from lower socioeconomic backgrounds and people of a wide range of ages are just as likely as middle class, adolescent females to develop this disorder.

Binge eating disorder is a difficult disorder to identify. People with binge eating disorder are not always overweight, and people who are overweight are not necessarily suffering from binge eating disorder. Excessive weight gain has a myriad of causes.

Distinguishing Characteristics of a student with Binge Eating Disorder

- Experiences recurrent episodes of binge eating, that is, periods of time when they repeatedly eat much more food than most people would eat during a similar period and under similar circumstances.
- Experiences at least three of the following factors during binge eating episodes:
  - ❑ eats faster than normal
  - ❑ eats until uncomfortably full
  - ❑ eats excessively when not physically hungry
  - ❑ eats large amounts of food throughout the day with no planned meal times
  - ❑ eats alone, because they are embarrassed by the amount of food consumed
  - ❑ feels guilty, depressed or disgusted with self after bingeing
- Does not engage in purging or other compensatory behaviours during binge eating episode.
- Feels a lack of control over eating during binge periods and feels unable to stop eating or control the amount of food being consumed.
- Experiences binge eating episodes at least twice a week for six months, on average.

Indicators

A student with binge eating disorder may exhibit some or many of the following indicators.

Behavioural:

- Eats excessively, particularly as a reaction to stress, conflict and daily problems.
- Constantly snacks.
- Eats in private.
- Expresses feelings of shame or guilt over eating habits.
- Exhibits a preference for high-sugar, high-fat snack foods.
- Often chooses to diet.
- Seeks food as a reward for positive behaviour.

Cognitive

- Has a preoccupation with food. Conversations, school projects and artwork may revolve around food themes.
- Comments about being overweight or otherwise expresses unhappiness with body image.

Affective:

- Expresses feelings of loneliness.
- Expresses embarrassment or self-hatred about weight, size or shape.
- Expresses feelings of failure, powerlessness or worthlessness.
- Demonstrates feelings of low self-esteem.

Physical:

- Overweight or obese.
- Experiences sudden weight gain.
- Experiences an increased risk of bone and joint problems that can result in proneness to fracture.

Reflection:
Attitudes Toward Food, Weight and Body Image

To understand what is and is not an eating disorder can be difficult. North American culture is preoccupied with food, weight and body image. Advertising, fashion and entertainment all present idealized images of the food we eat and a body shape that few can achieve, making almost everyone susceptible to our culture's messages. However, during the last few years, some basic assumptions, or "myths," about the relationship between food, weight and body image have begun to be questioned.

Please take a moment to reflect on each statement below to decide whether it is a myth or the truth.

1. What media presents is a real picture of our culture.
2. Anybody can be slim.
3. Slender people are happier and more successful.
4. People who are overweight become and remain so because they eat excessively and lack self-control.
5. Being overweight is a health hazard.

Reflection Check:
Myths about Food, Weight and Body Image

Each of the preceding statements is a "myth." Were you surprised by some of your answers? Whether we are aware of it or not, we often hold faulty beliefs about dieting, weight loss and body image. People with eating disorders are subjected to the same kinds of social pressures as the rest of us. Often, however, they lack the positive support network and coping skills that allow others to resist the onset of an eating disorder. The preceding statements underscore some of the deep-rooted values and beliefs we all share about the issues that drive students with eating disorders: personal pride, self-esteem and body image.

The myths surrounding food, weight and body image are very pervasive in today's society. Many of these myths and ideals have very little basis in fact, and are indicative of social pressures and learned attitudes.

Myth #1: What media presents is a real picture of our culture.

Fact: The message of today's media, if left unchallenged, is that what is presented is a true reflection of the culture in which we live. Every day, television, radio, newspapers, magazines, the Internet and advertising present the message that to be valued, one must be attractive, slim and youthful. Being thin has become synonymous with "always on a diet." The target audience of advertisements for fashion, exercise and food products is almost exclusively youth, particularly young women. Exposure to such pervasive messaging can influence students to diet and can create excessive desire to achieve the images presented by media-constructed role models. For some people, this leads to extremes of disordered eating.

What the media presents is a "construction" of reality, shaped by careful image creation and editing. Media literacy skills can help students to become active consumers of today's media, making informed choices about what they see, hear and read.

Myth #2: Anybody can be slim.

Fact: An individual's body weight is naturally resistant to change, as it is tied to metabolism, body type and other genetic factors. Each body has a weight range where it naturally tends to stay. Dieting has an adverse affect in that it changes the way the body responds to calories. When deprived of calories, the body assumes it is starving and will defend the body fat that is left by burning the calories available more slowly.

Myth #3: Slender people are happier and more successful.

Fact: Despite a concerted effort by an individual with an eating disorder to attain the elusive feelings of happiness and success, the obsessive nature of the conditions results in the opposite outcome. Feelings of shame, inadequacy and the drive for perfection result in withdrawal from friends, family and pleasurable activities — the very things that promote healthy feelings of happiness and success.

Myth #4: People who are overweight become and remain so because they eat excessively and lack self-control.

Fact: Many mistakenly believe that overweight people lack self-control, that they eat too much, or are just plain lazy. In reality, most people who are large eat no more than people of normal weight. Many large people are a product of their genes, or altered body chemistry. It is now known that years of repeated and strenuous patterns of dieting and exercise, often called yo-yo dieting, can result in cumulative weight gain over time.

Myth #5: Being overweight is a health hazard.

Fact: While having excess weight may increase the risk of some health problems, it may also decrease the risk of others. People come in all shapes and sizes. Neither starving nor force-feeding will change the fundamental genetic and metabolic predispositions that determine body size and shape. While all people can lower their health risks through proper nutrition and regular exercise, most evidence indicates that neither shape nor size, in itself, poses a significant health risk.

Many mistakenly believe that overweight people lack self-control, that they eat too much, or are just plain lazy. In reality, most people who are large eat no more than people of normal weight.

Identifying and Referring At-Risk Students

Once teachers are familiar with the characteristics or "warning signs" that indicate eating disorders, they are more likely to notice when students exhibit worrisome eating behaviours. A physical education teacher may notice that one girl's weight constantly fluctuates, while an art teacher might encounter an underweight boy whose work often portrays images of food or weight loss. At what point should a teacher become concerned that a student is at risk for developing an eating disorder? When does "typical" adolescent concern with body image, food and weight cross the line and begin to reflect an eating disorder?

The rule of thumb is to treat any warning signs seriously. Any combination of indicators from the *What Are Eating Disorders?* section are legitimate cause for concern. There are two points to remember. First, medical experts tell us that early intervention in an eating disorder may greatly improve the prognosis. Second, it is better to err on the side of caution.

The real question is, what should a teacher do with information about a potential eating disorder? The following three-step strategy is intended to help teachers act on their concerns.

1. Keep clear records

There is a chance that the student, and even parents, will react negatively to any suggestion that there is an eating disorder. Denial that there is a problem is often the first response of students with eating disorders and their families, and any suggestion that there is a problem may be rejected strenuously.

Concerned teachers are advised to keep clear, concise notes of the incidents that have led them to suspect that a student has a problem. These notes should focus on specific observed behaviours, without attempting to reach any definitive conclusion. Teachers should not attempt to "diagnose," but their careful observations may assist clinicians in the diagnostic process. This does not mean that teachers should go out of their way to "spy" on the student, but simply pay attention to warning signs that surface during the normal course of student/teacher interactions.

When Talking with a Student with an Eating Disorder, Do:

- Speak to the counsellor first about your concerns.
- Listen carefully and be empathic.
- Communicate your care and concern.
- Develop a compassionate conversation that is understanding and supportive. Direct students to a counsellor and family physician.
- Avoid a power struggle over food or eating.
- Recognize that eating disorders are about low self-esteem, fear and other often unresolved issues.
- Provide support by referring students to community resources and reading materials.
- Support the treatment plan developed by health care professionals to help students recover.
- Seek collegial and administrative support for yourself.
- Have patience.

2. Consult with other professionals

Since eating disorders generally emerge during the secondary school years, it is often difficult for a single teacher to identify potential danger signs. If teachers have a concern, they may want to compare notes with other teachers. It is important that teachers also share any concerns of this nature with the school counsellor and, perhaps, an administrator.

In many cases, the counsellor may already be aware of the problem and will be able to offer the teacher support and advice. The school counsellor is in the best position to deal with the student and family, and should be able to direct them to the most appropriate community and medical resources.

In some cases, school personnel may have reason to believe that the student has been, or is likely to be, abused, neglected or in need of protection. In these cases, school personnel must report the matter immediately to a child protection social worker. The law is set out in legislation called the *Child, Family and Community Service Act* (See *The B.C. Handbook for Action on Child Abuse and Neglect, 1998*).

It is suggested that school counselling offices maintain resource material on eating disorders, such as this resource, as well as information on support services available in the community.

3. Develop ongoing support strategies

Many students undergoing treatment for eating disorders continue with their normal school routines without teachers or classmates realizing that there is a problem. In more severe cases, however, the disorders may be disruptive to their lives at school. As malnutrition and starvation take their toll, a student with anorexia may be hospitalized until their weight is stabilized and increased. When these students are in school, they will benefit from receiving extra supports. The nature of extra support is covered in the next section.

As a general practice, it is helpful to ensure that there is an ongoing communication strategy in place in the school to allow for the flow of information from counsellors and administrators to teachers, and back. School-based team meetings may be an appropriate forum for information sharing.

Talking with a student with an eating disorder

Teachers should not confront a student with a suspected eating disorder, but a situation may arise when it becomes necessary to talk directly to a student about the problem. For example, a student may approach a trusted teacher to express concern regarding his or her own health or the health of a friend. Specific classes that look at the issue of eating disorders, for example, elements of *the Grade 11 Career and Personal Planning (Healthy Living) Curriculum*, can spark such queries. The key in these cases is to be as supportive as possible, while clarifying that teachers must share any important information with parents and counsellors. The following are a few practical suggestions to consider when talking with a student about a potential eating disorder.

- Be sure to pick the right time and place, free from distractions, to discuss your concerns.
- Indicate to the student, in a direct and non-punitive manner, all of the specific observations that have aroused your concern.
- Express your concerns candidly and without criticism, letting the student know you care and want to talk about what you are observing.
- Tell the student that you must share your concerns with the school counsellor and the student's parents.
- Listen carefully. The student needs to be heard and to feel understood. The student does not need a lecture.
- Communicate clearly that you understand the courage it takes to talk about the problem.
- Try to get the student to seek help as soon as possible. Support a student who decides to seek medical assistance independent of their family by ensuring that they have access to information about medical resources and by referring them to the school's counsellor or medical personnel.
- Avoid making any comment about the appearance of the student, for example, "You don't look fat to me," or "You sure are getting skinny." These comments will only heighten the student's focus on body image.
- Avoid placing any blame for the eating disorder, ie., on the student, the family or yourself.

When Talking with a Student with an Eating Disorder, Don't:

- Be punitive or judgmental.
- Comment on the appearance of the student, either positively or negatively.
- Imply that eating disorders are about food, weight and body size.
- Place barriers to the participation of the student in school sports or other activities.
- Argue or get into a battle of wills.
- Blame the student, the family or yourself for the disorder.
- Diagnose, moralize, develop treatment plans, or monitor the eating patterns of the student.
- Become the student's therapist.

- Do not intentionally, or unintentionally, become the student's therapist, saviour or helper. Educators should not attempt to moralize, develop treatment plans, or take responsibility for monitoring the eating behaviours of students. Eating disorders are complicated problems with potentially serious consequences. Treatment must be left to qualified health care professionals.
- Control the impulse to overreact. Emphasizing the severity of the problem with the student may add to the stress level and intensify the problem.
- Take the information the student has given to the counsellor. In all likelihood, the student has approached you in an effort to begin a process to deal with the eating disorder.

Reflection: Looking for Clues

When reading the following cases, consider:

- Which students do you think have potential eating disorders?
- What warning signs have been observed?
- Following the steps outlined in this section, what would your course of action be in each case?

Wendy

Wendy is a quiet, mildly overweight 16-year-old who struggles to maintain passing grades. Although she does not participate in a lot of extracurricular activities, she does spend her lunch time with her steady boyfriend and a couple of close friends. Recently, she joined Weight Watchers with her mother, pledging to lose 10 pounds by the summer, and has taken up jogging with her friends at lunch.

Todd

Todd is an outgoing 15-year-old boy who is chronically overweight. His parents, who are also overweight, are very sociable and participate in many school and community activities. Todd is on the basketball and soccer teams as well as Student's Council. He does not present any behavioural problems in class.

Michelle

Michelle is a quiet, hardworking 12-year-old in an enrichment class. Her parents are both working professionals who recently divorced. Although Michelle has always had a small build, she seems to be getting thinner. You have noticed that her lunch usually consists of a diet bar with some carrot or celery sticks. Michelle rarely joins the other students at lunch, preferring to stay at her desk to "get a head start" on her homework.

Kathleen

Kathleen is a popular 17-year-old honour student. As well as being student body president, she is also a senior member of the cheerleading team and takes a modelling course in her free time. Lately, her attention seems to be lacking, and she often appears tired and irritable in class. Although her weight appears normal, she frequently talks about dieting and complains that she is too fat. You have noticed that she often sneaks a snack during class and she becomes visibly embarrassed when she realizes that you are aware of her snacking.

Dale

Dale is a quiet 14-year-old boy who is never a problem in class. He favours a "punk" hairstyle, with colours that can change from day to day. He usually wears several layers of loose fitting shirts and jackets, although he is clearly very thin underneath it all. Dale is interested in art, and often produces work depicting scenes of violence or death. You have noticed that he usually eats his lunch by himself, quietly tucking himself away in a corner somewhere to read a muscle magazine.

Three steps to identifying and referring at risk students:

1. Keep clear records.
2. Share information with colleagues.
3. Develop ongoing support strategies.

Reflection Check: Interpreting the Clues

All of these students are exhibiting some of the indicators discussed in this chapter.

Wendy's behaviour, on the whole, does not seem too distressing, although she could be at the very early stages of developing a problem. Todd may have a physiological or other problem, but he does not seem to display the characteristics of an eating disorder. Michelle, Kathleen and Dale are all showing serious warning signs.

In every case, teachers should take the time to document any concerns they have, and forward those concerns to both the school's administrative officer and counsellor.

Teaching Students with Eating Disorders

When a student has been diagnosed with an eating disorder, does this mean the regular class routine will be disrupted? What kind of changes will have to be made in order to meet the needs of a student with an eating disorder?

While teachers need to be sensitive to the issues and characteristics of students with eating disorders, these students do not usually pose a classroom management concern. In fact, many students with eating disorders, particularly those with anorexia nervosa, are generally quiet, hardworking, even driven. In this sense, students with eating disorders do not present unusual behavioural management issues. The real challenge for the classroom teacher is to provide a supportive and safe learning environment, one that does not contribute to the student's obsessive attention to food, weight gain or body image.

Strategies that may help educators support students with eating disorders are organized into the following four categories in this section:

- Coping strategies for educators who support students with eating disorders.
- Planning strategies to build a support network in the school.
- Classroom strategies to support students with eating disorders.
- Strategies to support extended treatment programs.

The challenge for the classroom teacher is to provide a supportive and safe learning environment that does not contribute to the student's obsessive attention to food, weight gain or body image.

Coping Strategies to Support Students with Eating Disorders

Coping strategies that will help educators to feel comfortable in their role, and to deal with issues that arise, when working with students with eating disorders include:

- Identify people on the school staff or in the school district to whom you can turn for advice. Often, school counsellors can be helpful.
- Share the advice and insights you have gathered from colleagues and health professionals with other educators. This is important to ensure that no teacher faces the challenge of working with a student with an eating disorder alone.
- Meet regularly with support professionals, such as school administrators, counsellors and school nurses, to update progress and to reaffirm the commitment of the team to addressing the educational needs of students with eating disorders.

Share the advice and insights you have gathered from colleagues and health professionals with other educators.

Planning Strategies to Build a Support Network in the School

When supporting students with health issues such as eating disorders, it is helpful to have a system in place to ensure liaison with other professionals and parents. The following strategies help to support effective planning:

- Designate a key staff member as the school "case manager." The case manager is responsible for communicating regularly with the medical treatment team of a student with an eating disorder, for passing on support strategies to school staff, and for staying in contact with the student's parents. For example, a medical treatment team may recommend that a student with anorexia be excused from gym class. The case manager for that student would be responsible for passing this information to the appropriate teachers or counsellors who would then adjust the education program to reflect the needs of the student. In most secondary schools, case managers will be school counsellors or administrators.
- Invite the student, his or her parents, and non-school professionals involved in the care of the student, to be part of the school-based team responsible for planning the student's ongoing educational program. In severe or complex cases, the school may decide to establish an Individual Educational Plan (IEP), even if the student is in and out of hospital. Collaboration between educators and other service providers is necessary to achieve consistency and coordinated support for these students.

Classroom strategies to Support Students with Eating Disorders

The overall objective for students with eating disorders is to experience as "normal" and supportive a classroom setting as possible. This means that teachers need to be sensitive to the cognitive and affective issues that underlie eating disorders in order to make adaptations to meet the needs of the student. Remember that a student with an eating disorder is facing life-threatening conditions. Full recovery is the primary goal, which must take priority over educational goals.

The following strategies can help teachers build a supportive classroom environment for a student with an eating disorder:

- Meet with the student and parents to talk about expectations with respect to assignments and study routines. Encourage the student to participate in the planning of the in-class program.
- Avoid exposing the student to activities that may negatively draw attention to their weight, body image or eating disorder (e.g., weighing, skinfolds). Such practices reinforce stereotypes; feelings of shame, guilt and anxiety; whether the student is participating in the activity or simply watching other students participate.
- When undertaking food-related class discussions, "normalize" the information for everyone.
- Refrain from making comments to the student about appearance. These comments are likely to be misinterpreted.
- Help the student set realistic goals. Students with eating disorders may be rigid in their thinking and tend to set unrealistically high standards for their academic work. In the case of a student with an acute eating disorder, the usual time lines for class work and assignments will be irrelevant. Students with eating disorders may need the same consideration as any student with serious, chronic health concerns. Short-term academic achievement should be secondary to long-term health concerns.
- While the educational expectations of teachers may shift, behavioural ones should not. A student with an eating disorder should be able to meet the same standards of behaviour as other students in the class. "Acting out" or other disruptive behaviours should not be tolerated and should be dealt with in the same manner you would treat any other student, and with the same sensitivity.
- Encourage a supportive classroom environment. Art work and other media should model healthy attitudes toward personal body image, food, and weight. Appearance-based jokes or other forms of harassment are not to be tolerated, regardless of whether or not you have a student with an eating disorder in your class.
- Be flexible with test and class assignments. A student with an eating disorder may frequently be absent for treatment. Flexibility will help the student to manage stress and the workload.

Collaboration between educators and other service providers is necessary to achieve consistency and coordinated support for these students.

Remember that a student with an eating disorder is facing life-threatening conditions. Full recovery is the primary goal, which must take priority over educational goals.

- Recognize and understand that the student with an eating disorder may be experiencing the effects of starvation, which impairs the ability to concentrate on school work. The student may no longer have mastery over material previously understood.
- Recognize behavioural cues before a situation escalates out of control. The student with an eating disorder may experience anxiety attacks and have very low tolerance for stress. Outward signs of irritability or agitation, tears, or sudden withdrawal are signs that the student's stress level is rising. At this point, teachers should do whatever is needed to defuse the situation by treating the student as they would any other manifesting similar behaviours, e.g., permit the student to take a break, lie down, go for a walk.
- Encourage a student who has difficulty joining a group to participate in activities, without drawing attention to them. Often it is most effective to assign these students to work in small groups with two or three amiable, non-threatening peers. Be aware, however, of outward signs of stress. Never force a student to participate in a group activity.
- Be wary of outward signs of high-risk behaviours, such as substance use/abuse, particularly in students with bulimia nervosa. These behaviours are often coping mechanisms and indicators that the student's stress level is rising. Report any such behaviour to the designated case manager.

Strategies to support extended treatment programs

A student with an eating disorders may be in and out of the hospital on a regular basis. This applies to students with severe anorexia nervosa, in particular, as the physical effects of malnutrition and starvation are extreme.

- On the advice of the community treatment team and school counsellor, you may want to visit the student in hospital or at a treatment facility.
- Work with the hospital/home bound teacher or day treatment program teacher to help the student stay organized and informed about assignments and activities. This will also help to smooth the transition back to school when it is time for the student to return.
- Support the student in making the transition back to the classroom, especially after a long absence. This can be done by maintaining open lines of communication and adapting expectations. Meet with the student if possible, or contact the student by phone, to plan the return to the school in a way that will be most comfortable for the student.

Reflection: Adapting Our Expectations

Imagine that a student in your class has been diagnosed with an eating disorder. Consider how you might respond to the following circumstances as they arise in your classroom. Review the *Teaching Students with Eating Disorders* section to plan support or decide on the proposed course of action.

1. The student seems listless and unable to concentrate after returning from a brief hospital stay.

- Remembering that malnutrition can affect energy level and cognitive functioning, what could you do to help this student?

2. The student has missed a lot of class time and is falling behind in course work, yet needs the course to graduate with peers.

- Remembering that the student needs as normal a school experience as possible, what could you do to help this student reach the goal of graduation?

3. The student is sneaking junk food snacks throughout the class.

- Remembering that the student needs as normal a classroom experience as possible, what are your class rules regarding eating?
- Should you confront this student, or let it pass?

4. The student thinks rigidly and does not accept direction readily.

- Remembering that control issues may be central to students with eating disorders, and that it is always unwise to enter into a power struggle, how might you accommodate the problematic learning style of this student?

5. The student is frequently disruptive, often talking with friends or moving about during class.

- Remembering that while your educational expectations of a student with an eating disorder may have to be adapted, your behavioural expectations should not, how would you deal with this student?

Strategies:

- Coping
- Planning and building a network
- Classroom Strategies
- Supporting extended treatment programs

Reflection Check: Possible Responses

The following responses are general, given the limited amount of information presented in each case. Despite the theoretical nature of this exercise, it is hoped that this will provide educators with a starting point when faced with parallel, but undoubtedly more complex, concerns in a real-life situation.

To support a student making the transition back to the classroom after a long absence it is important to maintain open lines of communication and to adapt expectations.

1. The student seems listless and unable to concentrate after returning from a brief hospital stay.

A student who has just returned to school after a hospital stay is likely still in the process of recovery. While it is frustrating for both the student and the teacher to have lost the former level of energy and concentration, for the time being, health rather than academics is the priority. To support this student the teacher may want to modify academic expectations by breaking assignments into manageable parts, allowing the student to rest, or to work on less demanding assignments. The student may no longer have mastery of material previously understood. This should not be an "issue." Instead, the focus should be on making progress from where the student is currently.

2. The student has missed a lot of class time and is falling behind in course work, yet needs the course to graduate with peers.

Any student that has missed a considerable amount of time at school will need a clear plan to reach the goal of graduation. The plan may involve adjusting course selection and course load, or accessing alternative programs to achieve graduation, such as distance education or self-paced programs. These choices need to be discussed with the team supporting the student. These decisions will affect the student's ability to meet the requirements in each course being studied. It is helpful if the individual classroom teacher is aware of the student's overall program when adjusting expectations in a particular course. The classroom teacher can help the student achieve graduation by going over the expectations and helping the student to set realistic goals for achievement given the time available. The classroom teacher may work with the student to adapt the student's schedule, assignments and course load so that the student can catch up. The teacher may also wish to consider alternative assignments that meet the same outcomes, but take less time to complete.

3. The student is sneaking junk food snacks throughout the class.

If your class has a "no food" rule, exceptions should not be made. The teacher may wish to sit down with the student and make arrangements for a reasonable break for a snack, if the student feels it is needed. The teacher may then enforce the classroom rules with this provision in mind. If no rule exists, snacking is not an issue. In either case, if you are concerned that the student may have an eating disorder, the first step is to keep a record of the behaviour observed. The second step is to share this information with colleagues, particularly the school counsellor.

4. The student thinks rigidly and does not accept direction readily.

With a student who thinks rigidly and does not take direction readily, it may be most important to think about how best to meet the communication-style needs of the student. Wherever possible, offer the student options so that the student will feel some control through expressing preferences. When giving directions, give the student forewarning and a generous amount of time in which to comply.

5. The student is frequently disruptive, often talking with friends or moving about during class.

An eating disorder does not make it acceptable for a student to behave in a disruptive way. The teacher's response to the behaviour of this student should be consistent with the classroom management strategies used on a day-to-day basis. To make an exception for this student by ignoring the behaviour would work against the effort to "normalize" the classroom environment.

Opportunities for Pro-active Intervention

Eating disorder experts believe there may be value in early intervention strategies. Preventive programs that stress healthy nutritional habits and help young people to develop positive attitudes toward their bodies may have long-term value.

A number of practical and theoretical issues arise in any discussion about the merits of implementing preventive efforts to address social problems, such as eating disordered behaviours. Since most students with eating disorders are found in secondary schools, the extent of contact with any one classroom teacher can reduce the opportunity for teachers to intervene in a consistent or meaningful way. Another concern is that it may be unwise to direct attention to these topics, since the general therapeutic approach with students with eating disorders is to discourage them from obsessing about their weight and body image. It is very difficult to tell how students who are at risk for developing an eating disorder will react to a class discussion about dieting or body image.

Practical problems arise even for teachers using the *Career and Personal Planning (CAPP) Grades 8 to 12* or *Personal Planning Grades K to 7* curricula. It is difficult to guess how at-risk students will react to a discussion or exercise which they may perceive to be directed at them. In more practical terms, teachers have a number of outcomes they must plan to cover. Nutrition and healthy self-image are only part of the curriculum.

On the other hand, schools offer the most efficient and effective means available to promote the psychological, social and physical health of school-aged children and adolescents. The way youth develop and adapt is shaped by the settings in which they spend the majority of their time. A favourite teacher or principal may be the first individual approached by an emotionally distressed student who wishes to talk to someone about fears regarding diet, weight control and eating.

By having some skills to recognize the signs of disordered behaviours, and by knowing what to do to help a student in crisis, a classroom teacher will be ready to respond when the situation arises. In addition to being prepared, there are a number of other preventive efforts that can be undertaken by the classroom teacher to support and enhance the emotional and social well-being of all students.

Schools offer the most efficient and effective means available to promote the psychological, social and physical health of school-aged children and adolescents.

Key Preventive Efforts

- Give attention to the climate within the school and the quality of the social environments in which students interact on a day to day basis. Efforts to improve in these areas may begin with an environmental scan of each classroom to ensure that what students see and how students are treated clearly communicates that personality and individuality are more important that external appearance.
- Examine your personal attitudes toward eating, weight and self-concept. Teachers can play an important role in transmitting attitudes, shaping students' beliefs about the self, and giving students tools that will enable them to make informed choices about eating and weight.
- Recognize and use the cross-grade, cross-curricular focus that exists within the Integrated Resource Packages (IRPs) used in the British Columbia school system. Teachers can access additional program materials and teacher lesson plan kits for the prevention of eating disorders from sources listed in the Resources section of this document. Themes of these resources include: signs and symptoms of eating disorders, dieting, body image, self-esteem, the impact of the media, healthy eating, and sources of support. On reviewing the IRPs, teachers will find learning outcomes, suggested teaching strategies and suggested assessment strategies across the curriculum which address these same themes. These learning outcomes are intended to reflect the required knowledge and skills students need to obtain healthy eating and living skills. (See Appendix B for examples of learning outcomes in subject areas; ranging from English Language Arts to Science; focusing on nutrition, media awareness, disordered eating and healthy living.)
- Give students the basic skills required to recognize disordered eating behaviour. Instruction on how to seek the help of a responsible adult can contribute to the development of a positive, caring school, and the appropriate identification of students in need of professional help.
- Opportunities to initiate preventive classroom activities often arise spontaneously from classroom discussion. In these instances, the following suggestions may be helpful:
  - ❑ Avoid forcing any students to participate in the class discussion. Do not call on students who clearly want to stay out of the conversation.
  - ❑ Take steps to ensure that the discussion remains positive, that the information presented by students is accurate, and that no person or "type" of person (e.g., obese people, models, advertisers) is ridiculed, blamed or otherwise singled out.
  - ❑ Be prepared to deal with the fallout of the discussion. Some students may come to teachers with specific concerns that arise from the classroom discussion or exercise, while others may withdraw or show other signs of stress.

- ❏ Be clear about objectives in teaching students the learning outcomes related to nutrition and body image. Goals that are cross-curricular and intended to promote the general values of nutrition and healthy self-esteem, and curriculum-based approaches are best used in the classroom situation. If teachers have a specific concern about particular students, they should follow the steps in *Identifying and Reporting At-Risk Students, pp. 21-27*.
- ❏ In all cases do not assume, or allow a peer helper to assume, the role of therapist or mediator. Concerned students should be advised to speak with a school counsellor who is informed about eating disorders and resources for treatment.
- ❏ At all times, strive to maintain a classroom environment that celebrates the diversity of the human form and experience. Strive to design instructional activities that make all students feel comfortable and valued.

By having some skills to recognize the signs of disordered behaviours, and by knowing what to do to help a student in crisis, a classroom teacher will be ready to respond when the situation arises.

Reflection: How are you doing?

Look around your classroom and consider the following questions:

- What kind of pictures, photographs and other images adorn your classroom walls?
- What kinds of messages do these pictures convey about diversity of human form and experience?
- Is there a way to arrange desks or furniture to enhance a sense of participation for all students?
- Does the classroom's appearance and decoration create the ambiance of a warm and inviting place?
- In many ways the classroom is an extension of your personality. How do your own beliefs and values affect the way you approach issues like body shape and self-esteem?

Remember, students may not remember a teacher's advice, but they always recall a teacher's attitude.

Reflection Check: Creating a Positive Environment

When designing classroom displays, consider how you might encourage and accomplish the following:

- Communication that is as quiet and calm as possible.
- Students know who does what and when.
- The atmosphere allows feelings to be expressed freely and safely.
- Healthy disagreements are allowed and allowances can be made to agree to disagree.

Appendices

Appendix A: Eating Disorders: A Continuum of Severity

Unrestrained Eating ⟷ **Milder Forms of Disturbed Eating** ⟷ **Clinical Eating Disorders**

"Normal" Eater	"Selfconscious" Eater	"Conscientious" Eater	"Obsessive" Eater	The Dieter	"Binge" Eater	Bulimic	Anorexic
The student: ◗ eats when hungry ◗ stops when full ◗ plays and has fun	The student: ◗ expresses body dissatisfaction and displeasure ◗ believes fatness is the reason friends don't call ◗ receives comments on changing body from parents ◗ sees parent dieting ◗ feels nagged to "eat right"	The student: ◗ examines food composition ◗ counts calories ◗ eliminates fats ◗ limits choices to vegetarian or organic	The student: ◗ begins food selection and eating patterns ◗ begins exercising and weight training to eliminate all appearances of being fat ◗ begins feeling guilty for eating at all	The student: ◗ shifts identity to one of a dieter ◗ attempts rigid adherence to food selection and eating patterns that may include the elimination of all fats and proteins ◗ restricts daily caloric intake through insistent calorie counting and preoccupation with food composition ◗ skips breakfast ◗ feels sticking to the diet and weight loss are "good" while going off the diet and weight gain are "bad"	The student: ◗ eats episodically to overcome starvation because restrictive dieting is physiologically starving the body ◗ overeats in binges because dieting has impaired the "full feeling" or satiety response of the brain ◗ is likely to experience rapid weight gain ◗ swings from restrictive dieting to binge eating resulting in chaotic eating patterns ◗ "good-bad" self labeling becomes a love-hate reaction	The student: ◗ uses "compensatory" behaviours, such as self-induced vomiting and fasting ◗ experiences regular weight gain from the binging	The student: ◗ refuses to eat food, or does so very sparingly ◗ engages in binge eating and/or purging

Those Who Have A Healthy Enjoyment of Eating ⟷ **Those Who Eat to Live** ⟷ **Those Who Eat or Restrain Compulsively**

Appendix B: Learning Outcomes Related to Healthy Eating and Living Skills

The following charts provide suggested instructional strategies designed to achieve the specific learning outcomes described in the provincially mandated curriculum of a number of Grade 11 and 12 subjects.

Applied Skills 11

The *Applied Skills 11* curriculum contains learning outcomes organized around the theme of *Self and Society*. Through activities in this organizer, students develop an understanding of the fundamental principles of motivation and personal meaning, attitude and empowerment, and individual and group learning as they relate to lifestyle and career choices.

Curriculum Organizer	Learning Outcomes	Suggested Instructional Strategies
Design and Production: A Healthy Living Program for Young Children (p. 26).	Demonstrate a positive attitude toward lifelong health and well-being.	Create an ad/jingle/poster/video to promote snack and/or healthy eating habits and/or physical activity.
Design and Production: A Nutrition and Exercise Program (p. 30).	Demonstrate an ability to assess the impact that acquired skills can have on personal and career choices.	Research, discuss, and debate issues related to poor nutritional habits and good health (e.g., eating disorders, fad diets, weight loss programs, controversies around dietary fat, protein, and calcium).

Cafeteria Training 11

The *Cafeteria Training 11* curriculum contains learning outcomes organized around the theme of *Principles of Food Preparation*. Through activities in this organizer, students develop the skills necessary for commercial food preparation as they participate in activities related to receiving, storing, and presenting nutritious foods.

Curriculum Organizer	Learning Outcomes	Suggested Instructional Strategies
Principles of Food Preparation (p.18)	Describe how principles of nutrition can be used in food preparation.	Lead a class discussion on healthy food choices available in the school cafeteria. Have students create and display collages of foods, contrasting healthy and unhealthy food choices.

Career and Personal Planning 8 to 12

The *Career and Personal Planning 8-12* curriculum contains learning outcomes organized around the theme of *Personal Development*. Sub-organizers for this component of the curriculum include *Healthy Living*, *Mental Well-being*, and *Family Life Education*. Through activities in these sub-organizers, students are provided opportunities to value and adopt balanced, healthy lifestyles, to develop an appropriate sense of personal worth, potential and autonomy, and to develop an understanding of the role of their families and their own capacity for responsible decision making in their personal relationships.

Curriculum Organizer	Learning Outcomes	Suggested Instructional Strategies
Healthy Living (Gr. 9, p.36)	Demonstrate an awareness of eating disorders.	Invite a community dietitian to discuss with students the incidence, consequences, and causes of common eating disorders (e.g., bulimia, anorexia nervosa).
Family Life Education (Gr. 9, p.40)	Evaluate the impact on themselves and others of the physical, social, and emotional changes associated with puberty.	As a class, brainstorm changes that occur during puberty and have students classify these as physical, social or emotional.
Mental Well-being (Gr. 10, p. 58)	Propose strategies for enhancing and maintaining emotional health and well-being.	Ask students to describe the importance of a sense of belonging to an individual's mental well-being. Brainstorm situations in which an individual might feel left out, alienated, or discriminated against (e.g., because of race, religion, age, gender, sexual orientation). Have each student propose a strategy to create a sense of inclusion within the school or community.

English Language Arts K-12

The *English Language Arts K-12* curriculum contains learning outcomes organized around the theme of *Comprehend and Respond (Critical Analysis)*. Through activities in this organizer, students are encouraged to think critically, creatively and reflectively.

Curriculum Organizer	Learning Outcomes	Suggested Instructional Strategies
Comprehend and Respond (Critical Analysis) (Gr. 5, p.84)	Categorize roles and describe stereotypes portrayed by characters in various print and non-print works.	Have students collect visual images of roles commonly portrayed in mass media (e.g., roles of women or men in advertisements). Ask them to categorize these roles by appearance, occupation or lifestyle. Discuss in groups the messages being portrayed, the benefits and contributions of advertising, and the harm that can result from it. Have students create visual displays using sentences or illustrations capturing the messages mass media are sending about particular roles or groups. Encourage students to portray both obvious and subtle messages.

Family Studies 11 and 12

The *Family Studies 11 and 12* curriculum contains learning outcomes organized around the themes of *Needs and Wants of Individuals and Families*, and *Human Growth and Development*. Through activities in these organizers, students increase their knowledge of how families function in society and develop skills in interpersonal communication through activities such as interviews, research, visual and oral presentations, case studies, role plays, and community involvement.

Curriculum Organizer	Learning Outcomes	Suggested Instructional Strategies
Needs and Wants of Individuals and Families (Gr. 11, p.38)	Analyze adolescent mental and physical health issues that can affect individual and family functioning.	Form pairs and have each pair investigate a challenge created by mental or physical health factors (e.g., depression, physical disability, cancer, eating disorder, sexually transmitted disease). Ask each pair to make a class presentation describing the nature of the challenge, its potential effect on adolescents and their families, and the support services available.
Human Growth and Development (Gr. 11, p. 40)	Analyze influences that have an impact on growth and development during adolescence.	Have each student create a visual or a story illustrating the changes that a developing adolescent may expect. Ask them to consider aspects of intellectual, social, emotional, spiritual, and physical growth. Invite students to display their visuals and share their stories with the class.

Food Studies 11 and 12

The *Food Studies 11 and 12* curriculum contains learning outcomes organized around the themes of *Food Products*, *Nutritional Issues* and *Social and Economic Issues*. Through activities in these organizers, students develop various skills from planning menus to presenting attractive meals, and increase their knowledge of the nutritional, social, and economic factors that affect food selection and preparation.

Curriculum Organizer	Learning Outcomes	Suggested Instructional Strategies
Food Products (Gr. 11, p.64)	Select food products and meals to meet nutritional and aesthetic standards.	As a class, brainstorm the nutritional significance of eating a variety of foods. Challenge each student to plan and prepare a one-dish meal that uses food from each of the four food groups. Ask students to complete nutritional analyses of their products and to compare them to the Recommended Nutrient Intake (RNI).
Nutritional Issues (Gr. 11, p. 66)	Analyze daily food intake and compare it to the Recommended Nutrient Intake (RNI).	Have students record their daily food intake and lifestyle patterns (e.g., sleeping, exercising) and analyze them using Canada's Food Guide to Healthy Eating, software, and other resources. Challenge students to set nutritional and lifestyle goals, (e.g. fat reduction, increased activity).
Social and Economic Issues (Gr. 11, p.68)	Identify environmental and health issues related to the production and consumption of food.	Show a video about eating disorders. Ask students to research the short- and long-term health implications and to share their findings.

Home Economics 8-10

The *Home Economics 8-10* curriculum contains learning outcomes organized around the themes of *Addressing Needs and Wants*, *Working with Food Resources*, and *Nurturing Growth and Development*. Through activities in these organizers, students develop an understanding of factors (including economic, sociocultural, political, and technological) that influence needs and wants and the ability to address individual needs and wants in a variety of circumstances. They also develop the disposition to make informed and socially responsible decisions in addressing needs and wants and to implement those decisions.

Curriculum Organizer	Learning Outcomes	Suggested Instructional Strategies
Addressing Needs and Wants (Gr. 9, p. 24)	Propose ways to address challenges that might be faced when meeting needs and wants.	Present case studies of adolescents dealing with issues (e.g., a girl decides to become a vegetarian, a boy wants to wear expensive brand-name clothing, a non-smoker discovers that her son or daughter is smoking). Have students suggest how each situation might affect other family members.
Working With Food Resources (Gr. 8, p.18)	Describe the essential components of a nutritionally adequate diet.	Invite a guest speaker (e.g., an athlete) to talk about nutritional planning for an active lifestyle.
Working With Food Resources (Gr. 9, p.26)	Relate the components of a nutritionally adequate diet to a variety of common eating patterns.	Divide the class into small groups and ask them to research the nutritional strengths and limitations of various eating patterns (e.g., fad diets; diets characteristic of particular cultures, religions, or historic periods). Have students compare the diets researched with their own in terms of nutritional adequacy.
Nurturing Growth and Development (Gr. 8, p.22)	Demonstrate an awareness of how growth and development at each stage of life can be nurtured.	Instruct each student to create a scrapbook entitled "I Am My Own Best Friend" to identify and reflect on self-care activities.

Information Technology 8-12

The *Information Technology 8-12* curriculum contains learning outcomes organized around the theme of *Presentation*. Through activities in this organizer, students are provided opportunities to understand how to communicate ideas effectively using a variety of information media.

Curriculum Organizer	Learning Outcomes	Suggested Instructional Strategies
Presentation (Gr. 8)	Describe the effect of multimedia presentations on intended audiences.	Invite students, working in pairs, to review advertisements from a variety of sources (e.g., the World Wide Web, on-line magazines, television, electronic bulletin boards, a freenet) and analyse the impact of each advertisement on its intended audience.

Physical Education K-10

The *Physical Education K-10* curriculum contains learning outcomes organized around the theme of *Active Living*. Through activities in this organizer, students are provided opportunities to participate in physical activities that promote well-being and a personal functional level of physical fitness.

Curriculum Organizer	Learning Outcomes	Suggested Instructional Strategies
Active Living (Gr. 5, p. 30)	Identify good nutritional habits.	Use the Guide to Healthy Living (Canada Food Guide) to identify the role of food in building a healthy body and supplying energy for physical activity.
Active Living (Gr. 9, p. 30)	Set and evaluate goals to develop personal fitness abilities and maintain a healthy lifestyle.	Have students establish and evaluate personal goals related to fitness, motor abilities, and the maintenance of a healthy lifestyle, using journals, active health labs, and personal fitness assessments. Have them use computers to graph progress.
Active Living (Gr. 11, p.20)	Evaluate the influence of consumerism and professional athletics on personal perception of body image.	Provide students with various body-image messages presented in mass media (e.g., models, body builders). Ask students to critique and compare them with their own personal and preferred body images.

Science K-10

The *Science K-10* curriculum contains learning outcomes organized around the theme of *Life Science*. Sub-organizers for this component of the curriculum include *Body Systems, Reproduction, Growth and Change*, and *Factors Affecting Body Systems*. Through activities in these sub-organizers, students are provided opportunities to extend their understanding of the living world and their place within it.

Curriculum Organizer	Learning Outcomes	Suggested Instructional Strategies
Body Systems, Reproduction, Growth and Change (Gr. 7, p. 94)	Outline factors that influence the length and quality of life.	Students investigate factors such as heredity, diet, medical care, sanitation, environmental conditions, and personal health behaviours, and assess their impact on the length and quality of human life. Students compare and contrast local conditions with those in other countries or cultures.
Factors Affecting Body Systems (Gr. 9)	Infer that diet and lifestyle are critical in helping maintain a healthy body.	Have students investigate diets that cause malnutrition. Each student then constructs a balanced and nutritional diet and presents it in a chart, model, or essay. Other students assess the diet according to the inclusion of the main nutrient groups in appropriate amounts. This could be extended by asking students to bring in articles recommending a popular diet plan and to look at harmful side effects.

Resources

RESOURCES

Your work with students who have eating disorders may lead to further questions and a desire for more information. The following sources will be able to provide you with current research and literature as well as lists of learning resources to support the educational needs of your students.

Organizations

The Association for Awareness and Networking Around Disordered Eating (ANAD)
109 -2040 West 12th Avenue, Vancouver BC V6J 2G2
Tel: (604) 739-2070

B.C.'s Children's Hospital Eating Disorders Program
4480 Oak Street, Vancouver BC V6H 3V4
Tel: (604) 875-2200

B.C. Eating Disorders Association
526 Michigan Street, Victoria BC V8V1S2
Tel: (250) 383-2755
E-mail: bceda@islandnet.com

The Eating Disorder Resource Centre of British Columbia
St. Paul's Hospital ,1081 Burrard Street, Vancouver BC V6Z 1Y6
Tel: (604) 631-5313
Fax: (604) 631-5461
Toll-Free Line: 1-800-665-1822

National Eating Disorder Information Centre
200 Elizabeth St., College Wing 1-211, Toronto, ON M5G 2C4
Tel: (416) 340-4156
Fax: (416) 340-4736

Teaching Kits

Body Image Coalition of Peel. (1997). *Every BODY is a somebody: an active learning program to promote healthy body image, positive self-esteem, healthy eating and an active lifestyle for female adolescents*. Peel Health, 199 County Court Boulevard, Brampton, ON L6W 4P3.

British Columbia Eating Disorders Association. (1998). *School outreach program training manual.* Victoria, BC: BC Eating Disorders Association, 526 Michigan Street, Victoria BC, V8V 1S2. (250) 383-2755.

Friedman, S. S. (1994) *Girls in the 90's Facilitator's manual*. Vancouver: Salal Books. (Salal Books, Box 309, 101-1184 Denman Street, Vancouver BC V6G 2M9).

Ikeda, J. & Naworski, P. (1992*). Am I fat? Helping young children accept differences in body size.* 117 pages. Carlsbad, CA: Gurze Books. (800) 756-7533; Fax: (760) 434-5476.

Levine, M. & Hill, L. (1991). *A 5-day lesson plan on eating disorders: Grades 7-12*. 131 pages (3-ring binder). Carlsbad, CA: Gurze Books.

Ontario Women's Directorate. *Sex-role stereotyping: An awareness kit for parents and teachers*. Toronto ON: Ontario Women's Directorate, 2 Carleton Street, 12th Floor, Toronto, ON M5B 2M9. (416) 314-0250.

Shiltz, T. J. *Eating concerns support group curriculum*: *Grades 7-12*. 81 pages (paper). Carlsbad, CA: Gurze Books.

Red Deer Regional Health Unit. *The best you can be nutrition resource package. Body image, healthy eating, and healthy weight*. Red Deer, AB: Red Deer Regional Health Unit, Health Promotion Department, 2845 Bremner Avenue, Red Deer AB T4R 1S2.

Rice, C. *Teacher's resource kit. A teacher's lesson plan kit for the presentation of eating disorders. (1989)*. The National Eating Disorder Information Centre, 200 Elizabeth Street, CW 1-211, Toronto ON M5G 2C4. (416) 340-4156.

Guides and Handbooks

Bode, J. (1997*). Food fight: A Guide to eating disorders for preteens and their parents*. New York, NY: Simon and Schuster Books for Young Readers.

Braithwaite, K., Chad, K., & Humbert, L. (1997). *Understanding body image: Helping students make informed decisions*. Saskatoon, SK: College of Physical Education, University of Saskatchewan. (Tel: 306-966-6500).

Capuzzi, D. & Gross, D. R. (Eds.). (1989). *Youth at risk: A resource for counsellors, teachers and parents*. Virginia: American Association of Counseling and Development. (ERIC Document Reproduction Service No. ED 323 454).

Fairchild, T. N. (Ed.). (1997). *Crisis intervention strategies for school-based helpers, 2nd Edition*. Springfield, IL: Charles C. Thomas Publisher Ltd.

Holliman, S. C. (Ed.). (1991). *Handbook for coaches on eating disorders and athletics*. Dubuque, Iowa: Kendall/Hunt Publishing Company.

Kelker, K. A. (1994). *Taking charge: A handbook for parents whose children have emotional disorders, 3rd Edition*. Portland, OR: Research and Training Center on Family Support and Children's Mental Health. (ERIC Document Reproduction Service No. ED 385 098).

Rubel, J. B. (1992). *Eating and exercise disorders handbook*. Eugene, OR: Anorexia Nervosa and Related Eating Disorders, Inc.

Treasure, J. (1997). *Anorexia nervosa: A survival guide for families, friends and sufferers*. Washington, DC: Taylor & Francis.

Books About Weight Preoccupation

Bennett, W. & Gurin, J. (1982). *The dieter's dilemma: Eating less and weighing more.* New York, NY: Basic Books, Inc.

Bordo, S. (1993). *Unbearable weight: feminism, western culture, and the body.* Berkeley, CA: University of California Press.

Brody, J. (1987). *Jane Brody's nutrition book.* New York, NY: Bantam Books.

Brumberg, J. J. (1988). *Fasting girls: The history of anorexia nervosa.* New York, NY: Viking Penguin Books.

Chernin, K. (1994). *The hungry self: Women, eating and identity*. New York, NY: HarperPerrenial Library.

Goodman, C. W. (1995). *The invisible woman: Confronting weight prejudice in America.* Carlsbad, CA: Gurze Books.

Kano, S. (1985). *Making peace with food.* Danbury, CT: Amity Publishing Co.

Lawrence, M. (Ed.). (1987). *Fed up and hungry. Women, oppression & food.* London, England: The Women's Press, Ltd.

MacSween, M. (1993*). Anorexic bodies: A feminist and sociological perspective on anorexia nervosa.* New York, NY: Routledge.

Malson, H. (1998). *The thin woman.* New York, NY: Routledge.

Millman, M. (1980). *Such a pretty face: Being fat in America.* New York, NY: W. W. Norton Co.

Pipher, M. (1997). *Hunger pains: The modern woman's tragic quest for thinness.* New York, NY: Ballantine Books.

Pipher, M. (1995). *Reviving Ophelia: Saving the selves of adolescent girls.* New York, NY: Ballantine Books.

Orbach, S. (1978). *Fat is a feminist issue.* New York, NY: Paddington Press.

Polivy, J. & Herman, C. P. (1983). *Breaking the diet habit.* New York, NY: Basic Books, Inc.

Roth, G. (1997). *Appetites: On the search for true nourishment.* New York, NY: NAL/Dutton.

Roth, G. (1993). *When food is love: Exploring the relationship between eating and intimacy.* New York, NY: NAL/Dutton.

Roth, G. (1993). *Feeding the hungry heart: The experience of compulsive eating.* New York, NY: NAL/Dutton.

Roberts, N. (1985). *Breaking all the rules.* New York, NY: Viking Penguin Inc.

Schoenfielder, L. & Wieser, B. (Eds.). (1983). *Shadow on a tightrope.* Iowa City, IA: Aunt Lute Book Company.

Thompson, B. W. (1994). *A hunger so wide and so deep.* Minneapolis, MN: University of Minnesota Press.

Tribole, E. & Resch, E. (1995). *Intuitive eating.* New York, NY: St. Martin's Press.

Wolf, N. (1990). *The beauty myth: How images of beauty are used against women.* Toronto, ON: Vintage Press.

Vincent, L. M. (1979). *Competing with the sylph.* New York, NY: Berkeley Books.

Zerbe, K. J. (1995). *The body betrayed, A deeper understanding of women, eating disorders, and treatment*. Carlsbad, CA: Gürze Books.

Books About Therapy and Self-Help

Brown, C. & Jasper, K. (Eds.). (1993). *Consuming passions: Feminist approaches to weight preoccupation and eating disorders.* Toronto, ON: Second Story Press.

Fallon, P., Katzman, M.A., & Wooley, S. C. (Eds.). (1994). *Feminist perspectives on eating disorders*. New York, NY: Guilford Press.

Hutchison, M. G. (1985). *Transforming body image*. New York, NY: The Crossing Press.

Maine, M. (1991). *Father hunger: Fathers, daughters & food.* Carlsbad, CA: Gurze Books.

Sanford, L. T. & Donovan, M. E. (1984). *Women and self-esteem*. New York, NY: Viking Penguin Inc.

Waterhouse, D. (1997). *Like mother, like daughter: How women are influenced by their mothers' relationship with food — and how to break the pattern*. New York, NY: Hyperion.

Books and Pamphlets for Children, Teens and Parents

Apostilides, M. (1998). *Inner hunger: A young woman's struggle through anorexia and bulimia.* New York, NY: W.W. Norton & Co.

Berg, F.M. (1998). *Afraid to eat: Children and teens in weight crises*. Health Weight Publishing Network, 403 South 14th Street, Hetinger ND 58639, (701) 567-2646.

Capacchione, L. (1992). *The Creative journal for teens: Making friends with yourself.* North Hollywood, CA: Newcastle Publishing Co. Ltd.

Cook, K. (1996). *Real gorgeous: The truth about body and beauty.* New York, NY: W.W. Norton & Co.

Crook, M. (1991). *The body image trap*. Vancouver, BC: Self-Counsel Press.

Crook, M. (1992). *Looking good: Teenagers and eating disorders.* Vancouver, BC: Self-Counsel Press.

Friedman, S. S. (1994). *Girls in the 90's*. Vancouver, BC: Salal Books.

Friedman, S. S. (1997). *When girls feel fat: Helping girls through adolescence*. Toronto, ON: Harper Collins.

Hirschmann, J. R. & Zaphiropoulos, L. (1993). *Preventing childhood eating problems: A practical, positive approach to raising children free of food and weight conflicts*. Carlsbad, CA: Gurze Books.

Hugs for teens – Teens & diets, no weigh – Building the road to healthier living, v.1, Teen Journal. (1995). HUGS International Inc., Box 102A, RR #3, Portage La Prairie MB R1N 3A3. (800) 565-4847

Moe, B. (1991). *Coping with eating disorders.* New York, NY: Rosen Publishing Group

Levine, M. P. (1987). *How schools can help combat student eating disorders: Anorexia Nervosa and Bulimia*. Washington, DC: National Education Association.

Manley, R.S. (1989) *Anorexia nervosa and bulimia nervosa in children and adolescents: Information for those living with an eating disorder*, BC's Children's Hospital education pamphlet.

Pitman, T. & Kaufman, M. (1994). *All shapes and sizes: Promoting fitness and self-esteem in your overweight child*. Toronto, ON: Harper Collins.

Ryan, Joan (1995). *Little girls in pretty boxes: The making and breaking of elite gymnasts and figure skaters*. New York, NY: Warner Books.

Satter, E. (1987). *How to get your kid to eat...but not too much.* Palo Alto, CA: Bull Publishing Co.

Siegel, M., Brisman, J., & Weinshel, M. (1997) *Surviving an eating disorder, Strategies for family and friends (Revised Edition)*. New York: Harper Collins.

General Information Sources

Alexander-Mott, L. & Lumsden, D. B. (Eds.). (1994). *Understanding eating disorders: Anorexia nervosa, bulimia nervosa and obesity.* Washington, DC: Taylor & Francis.

Fibkins, W. L. (1995). *The empowering school. Getting everyone on board to help teenagers*. San Jose, California: Resource Publications.

Fisher, M., Golden, N., Katzman, D., Kreipe, R.E., Rees, J., Schebendach, J., Sigman, G., Ammerman, S., & Hoberman, H.M. (1995). Eating disorders in adolescents: A background paper. *Journal of Adolescent Health,* 16, 420-437.

Knowlton, L. (1995). Eating disorders in males. *Psychiatric Times,* 12(9).

Lask, B. & Bryant-Waugh, R.(Eds.). (1993). *Childhood onset anorexia nervosa and related eating disorders*. Hillsdale, CA: Lawrence Erlbaum Associates.

Levine, M. P. (1994). *Faculty and student guidelines for meeting with and referring students who may have eating disorders*. A paper presented at the 13th National Eating Disorders Organization Conference, October 3, 1994, Columbus, OH.

Maine, M. D. & Levine, M. P. *A guide to the primary prevention of eating disorders.* A brochure for Eating Disorders Awareness and Prevention (EDAP), Seattle, WA.

Manley, R.S. (1989). *Anorexia and bulimia nervosa: Psychological features, assessment, and treatment.* B.C. Medical Journal, 31(3), 151-154.

Manley, R.S., Rickson, H., & Standeven, B. (2000). *Children and adolescents with eating disorders: Strategies for teachers and school counsellors.* Intervention in School and Clinic, 35(4), In Press.

Marchuk, J. (1997). *Eating disorders: A continuum.* Notes from a presentation to the Alberta Teachers' Association Guidance Specialist Council, Annual Conference, November 6–8, 1997, Banff, AB.

Moreno, A. B. & Thelen, M. H. (1993). A preliminary prevention program for eating disorders in a junior high school population. *Journal of Youth and Adolescence*, 22(2), 109-24. (ERIC Document Reproduction Service No. EJ 467 998).

Moriarty, Dick et al. (1991). *The role of physical and health educators and coaches in the prevention of eating disorders*. Paper presented at the Annual International Conference for Health, Physical Education, and Recreation (34th, Limerick, Ireland, August 12-16, 1991). (ERIC Document Reproduction Service No. ED 335 596).

Natenshon, A. H. (1996). Food fright. *American School Board Journal*, 183(2), 23-26. (ERIC Document Reproduction Service No. EJ 519 725).

Neumark-Sztainer, D. (1996). School-based programs for preventing eating disorders. *Journal of School Health*, 66(2), 64-71. (ERIC Document Reproduction Service No. EJ 525 389).

Omizo, S.A. & Omizo, M.M. (1992). Eating disorders: The school counselor's role. *School Counselor*, 39(3), 217-24. . (ERIC Document Reproduction Service No. EJ 442 657).

Pinzon, J.L., & Manley, R.S. (1998). *Eating disorders among children and adolescents: The role of the primary-care physician and the B.C.'s Children's Hospital Program.* B.C. Medical Journal, 40(1), 23-25.

Tate, A. (1993). Schooling. In: B. Lask, & R. B. Waugh, (Eds.), *Childhood onset anorexia nervosa and related eating disorders*. (pp. 233-248). Hillsdale, CA: Lawrence Erlbaum Associates.

University Health Services (1995). *Food, weight and body image background information*. Edmonton, AB: University of Alberta Hospitals.

Web Sites

American Anorexia/Bulimia Assoc. Inc.: Information for Professionals:
http://members.aol.com/amanbu/prof.html

Ask Jeeves for Teachers: Teacher Resources:
http://www.ajkids.com/teachers/TeachersMR.asp

B.C.'s Children's Hospital Eating Disorders Program:
http://www.cw.bc.ca/mentalhealth/srved1.asp

British Columbia Eating Disorders Homepage (BCED):
www.anorexianervosa.org

The Center for Eating Disorders: St. Joseph's Medical Center:
http://www.eating-disorders.com/howdowe.htm

Eating Disorders Awareness and Prevention, Inc.:
http://www.edap.org/

Eating Disorders Awareness and Prevention Puppet Project:
http://www.edap.org/puppet.html

Eating Disorders: Key Resources:
http://www.links2go.com/channel/Eating_Disorders

Eating Disorders Theme Page on CLN:
http://www.cln.org/themes/eating.html

Indiana University: the Center for Adolescent Studies: Teacher Talk, vol. 3, number 2 "A Teachers Perspective":
http://education.indiana.edu/cas/tt/v3i2/edteacher.html

Self Help & Psychology Magazine: Eating Disorders:
http://cybertowers.com/selfhelp/articles/eating

Something Fishy Website on Eating Disorders:
http://www.something-fishy.org/

St. Paul's Hospital Eating Disorders Program:
http://www.eatingdisorders-sph.org/

University of Michigan Medical Center: Health Topics:Eating Disorders:
http://www.psych.med.umich.edu/1libr/mental/eatdis04.htm

Video Resources

Desperate Measures, Coaching Association of Canada, 804 - 1600 James Naismith Drive, Gloucester ON K1B 5N4 (613) 748-5624

Dual Diagnosis: Chemical Dependence and Eating Disorders (1990), 30 min, Adult, #372 31 417, Magic Lantern Communications Ltd.

Food For Thought (1988), 26 min (episode) Degrassi Junior High series, Image Media Services Ltd., Unit 150, 12140 Horseshoe Way, Richmond BC V7A 4V5

In Our Own Words: Personal Accounts of Eating Disorders**,** 30 min, Carlsbad, CA: Gurze Books, Tel: (800) 756-7533; Fax: (760) 434-5476

Kids of Today (1998), 41 min. Gr. 6-8, Sask Valley School Division, Box 809, Warman, SK S0K 4S. Tel: (306) 933-4414

Skin Deep: A Story About Disorder Prevention (1994), 26 min, Adolescent, #401 31 237, Magic Lantern Communications Ltd.

The Psychology of Weight Loss: Resolving Emotional Eating for a Lighter, Healthier You (1991), 47 min, Adult, #749 31 100, Magic Lantern Communications Ltd.

Look for us on the web!

Special Programs Branch publications are available online through the B.C. Ministry of Education home page. You can find us at:

www.bced.gov.bc.ca/specialed/welcome.htm

Recommended Resources

These resources have been reviewed and are recommended by the Program Standards and Education Resources Branch of the Ministry of Education.

Awareness of Chronic Health Conditions – What the Teacher Needs to Know, Vol. 2 (1998), Province of British Columbia, Ministry of Education. Catalogue #RB0072. This resource guide contains information designed to assist classroom teachers in understanding the implications for classroom instruction and management of a number of chronic health conditions. This document includes a chapter on Eating Disorders.

Becoming Barbie, B.C. Learning Connection, Inc. This video examines eating disorders from the perspective of the media's representation of women in fashion magazines and advertising. Recommended for Grade 10.

Beyond The Looking Glass: Body Image and Self-Esteem, McIntyre Media Ltd. This video offers a comprehensive overview of the concept of body image as it relates to self-esteem. Recommended for Grade 9.

Real People: Coping with Eating Disorders, B.C. Learning Connection Inc. This video delves into the lives of three young people: Stacie, an anorexic; Shauna, a bulimic; and Mike, a compulsive overeater. Recommended for Grade 9.

Slim Hopes: Advertising and the Obsession with Thinness, B.C. Learning Connection, Inc. This video offers an in-depth analysis of the role female bodies play in advertising imagery and the devastating effects on women's health, both physical and mental. Recommended for Grades 11 and 12.

How to Improve This Resource Guide

We hope this Resource Guide addresses most of your questions and concerns regarding providing appropriate support for students with eating disorders. Since the users of any manual are often the ones best able to identify its strengths and weaknesses, let us know how this document, and others like it, can be improved. When the manual fails to solve a problem, or if you have any suggestions and comments, please complete a copy of this page and send it to the Branch.

How do you rate Teaching Students with Mental Health Disorders, Resources for Teachers: Volume 1 - Eating Disorders?

	Yes	No	If no, please explain:
1. Useful?	❑	❑	_____
			_____
2. Easy to understand?	❑	❑	_____
			_____
3. Well organized?	❑	❑	_____
			_____
4. Complete?	❑	❑	_____
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Other comments:

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Special Programs Branch
Ministry of Education
P.O. Box 9165 STN Prov Govt
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FAX (250) 356-7631