



Hynes**Recovery**Services
let the healing begin

Eating Disorder Resources

Lian Folger, MPH '21, *Graduate Student, UNC of Chapel Hill*

Stacy Hostetter, MSN, RN, FNP-BC, *Falmouth Hospital*

Dawn Hynes, MSW, *Founder, Hynes Recovery Services*

Eliza Lanzillo, *Program Director of Advocacy Initiatives, HRS*



Dear University Community,

Hynes Recovery Services would like to thank you for the wonderful support you're providing college students struggling with body image and/or eating concerns. Due to the increasing number of individuals diagnosed with this illness, our team wanted to share resources for those in the role of identifying and subsequently treating these at-risk students.

In this outline, you'll find the following materials: hotlines geared for the young adult population; suicide prevention toolkit; online support networks; book recommendations created specifically for clients, family members, and health care professionals; medical guidelines; support group and counseling center resource guides; podcast and webinar options; treatment directories; insurance navigation procedures; mental health awareness campaigns and so much more! In addition, for on-campus staff in particular, we've included several non-profit youth focused organizations which are dedicated to improving the lives of college students nationwide.

This is by no means an exhaustive list, so please reach out if there are additional educational and/or clinical resources you'd like us to consider for future revisions of this power point.

I'd like to acknowledge **Eliza Lanzillo**, **Stacy Hostetter**, and **Lian Folger** for all of their support in creating this comprehensive resource for the mental health community. (Eliza is also HRS' **Program Director of Advocacy Initiatives** who has graciously shared her eating disorder recovery with us through several awareness and advocacy projects).

Next, I'd like to highlight our wonderful **Advisory Board**: ***Dr. Kate Ackerman, Dr. Ovidio Bermudez, Dr. Kim Dennis, Dr. Jen Gaudiani, Dr. Sarah Ketchen Lipson, and Allison Walsh*** - colleagues who have dedicated their careers to supporting this client population.

One final and important thank you to a select few who have been with me since the very beginning. I'm sincerely grateful to the following individuals: **Robert Chmielinski, Diane Carugati, Dr. Valerie Gurney, Arden O'Connor**, and the dynamic duo of **Gates Studio**. I will be forever grateful for your faith in my vision, ongoing encouragement, advice during our strategic planning process, guidance on developing impactful community events and creative support with the development of numerous educational resources and clinical materials. Without this small, yet mighty group, our organization would not be where it is today.

Sincerely,
Dawn Hynes, MSW





ED Statistics on Campus

- More than 25% of students say they *“need to be very thin in order to feel good about themselves”*.
- 15% of all undergrads screen positive for an eating disorder.
- 9% of females and 2% of males report making themselves vomit, or using laxatives, diuretics, or diet pills to control their body shape or weight.
- More than one-third of students who screen positive for an eating disorder also screen positive for depression and/or anxiety.



- Though nearly 60% of students with positive eating disorder screens perceive a need for help for their mental or emotional health, about two-thirds have not received professional mental health treatment, including over half of students who report purging behaviors.
- Students with untreated eating disorder symptoms report varied reasons for not seeking help, including:
 - > “Stress is normal in college” (53%)
 - > “I question how serious my needs are” (44%)
 - > “The problem will get better by itself” (30%)
 - > “I don’t have time” (40%)
 - > “I prefer to deal with issues on my own” (57%)
 - > “I get a lot of support from other sources, such as friends and family” (30%)

[Healthy Minds Study, 2013]



Introduction

It is the natural progression within many families: growing up and going away to college. The expectation that a young person will be ready for higher education around the time they are a legal adult, is so common in our modern culture that we think of it almost as a rite of passage. But what about young people who have struggled with an eating disorder? Does this change the expectations? Parents around the world face this issue every day and there is no one answer, just as every family and every individual student is unique.

The first question to ask is whether the young person is ready for college. This is not just a matter of being at a certain weight or being medically stable. This is a question of not just medical health but emotional wellness. College is a place where a student has to be fully well, even more than their peers – as the challenges of staying well add to the skills necessary for independence. Students will need to be able to maintain health during a new and sometimes stressful transition.

In addition, eating disorders often leave intellectual abilities unscathed - but at the same time, dramatically delay emotional development and maturity. The time spent on recovery may delay any number of independence skills and the ability to self-regulate in a new environment.

Most young people have not lived on their own before college. Managing one's possessions, schedule, money, relationships – not to mention laundry – for the first time are a significant shift from living at home. Change and uncertainty are a challenge for many students not just during the active eating disorder but also throughout their lives – making the transition to college living more risky.



Most students going off to college don't have to monitor a serious health condition as well, especially a life-threatening one. Those with a predisposition toward eating disorders can't afford to go without careful and well-informed monitoring of medical and mental health. Many families require their college age children to have a local medical and psychological team for regular check-ins and sign disclosure forms so health information can be shared with parents. College students can be expected to resist such measures, but the risk of unmonitored relapse is too great and too dangerous to ignore.

Students need a plan, preferably written and agreed upon by the family and the school, that describes exactly what symptoms or behaviors would trigger a leave of absence. Having a plan can even mean avoiding carrying it out: when a student knows the expectation, they can then be more proactive about avoiding relapse. Contracts are tools treatment providers and families can utilize to help prevent relapse. These documents establish specific goals, measures, and resources as the student moves toward independence. Contracts can be an important tool for all parties involved, offering structure and safeguards to keep recovery on track.

An eating disorder can derail not only one's education, but also one's life. It is important for parents and providers to work together to ensure those struggling with an eating disorder receive the best support and treatment available.

Laura Collins, Executive Director, F.E.A.S.T.





*Our mission is to become the premier advocacy organization
related to body image disturbances and eating concerns
within the university community.*

To view our "ED Recovery on Campus" video for students, please click [here](#).
For our on-campus professional video clip, please click [here](#).



Hynes Recovery Services is dedicated to supporting college students seeking treatment for their eating disorder. Our specialty is providing intervention consults, as well as transitioning students either from home to campus or from a treatment setting back to their home or school environment.





Program Highlights

- Provide advocacy and clinical services to college students nationwide - all support provided to over 5,500 families thus far has been offered pro bono.
- Facilitate pro bono consultation services to colleges and universities seeking to establish or improve upon campus-based eating disorder support services.
- Launched "[ED Recovery on Campus](#)" national campaign for university community (includes educational resources as well as clinical webinars).
- Established [Cape & Islands Family Support Network](#).
- Co-created [Notes4Recovery initiative](#) - a mental health awareness campaign, alongside annual Recovery Concert for the adolescent community.

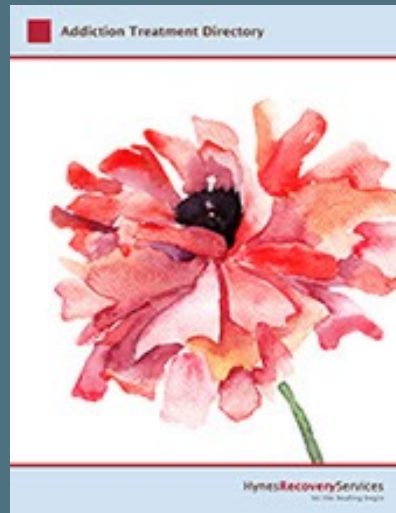


Treatment Directories for University Community

One of our most important roles at Hynes Recovery Services is to ensure that we are providing college students with the most useful information about treatment options throughout the country – based on the information shared with us during their initial assessment. With this in mind, our organization has created three separate comprehensive treatment guides, which includes eating disorder, addiction and other support services specifically geared for young adults in any stage of the recovery process - including resources recommended for collegiate athletes.



**National Eating Disorder
Treatment Directory**



**Addiction Treatment
Directory**



**Resource Guide for
Collegiate Athletes with
Eating Disorders**



Support Group Outline

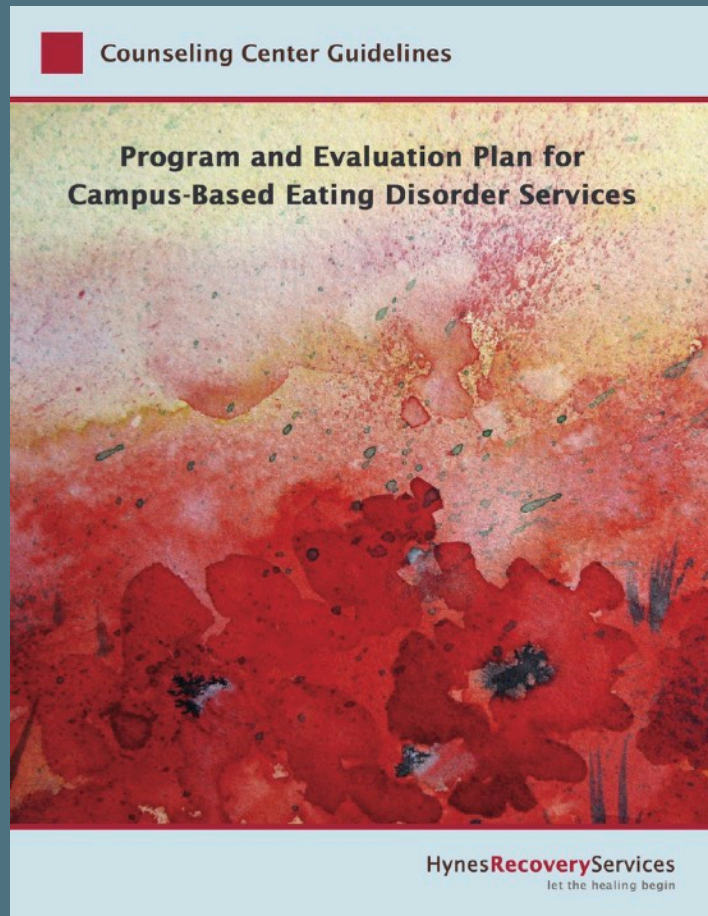


This resource will provide content for on-campus practitioners planning a support group for those with body image and/or eating concerns. Sections include:

- * Support Group Guidelines
- * Introduction to Self-Esteem / Self-Esteem Group (Poem: Manifesto of the Brave and Brokenhearted)
- * Introduction to Healthy Eating / Tips for Eating on Campus (Poem: The Hunger)
- * Introduction to Body Image / Managing Body Image Distress (Poem: Reflections)
- * Intro to Relapse Prevention / Relapse Group (Poem: A Creed To Live By)
- * Recommended Readings



Counseling Center Guidelines



This resource will provide guidance to both administrators and practitioners in the process of developing (or expanding upon) campus-based ED support services. Sections include:

- * Eating Disorders on Campus ("My Recovery from Anorexia") - Eliza Lanzillo
- * Diagnostic Criteria / ED Screening Tools
- * Effective Treatment (Levels of Care)
- * Relapse Prevention Strategies
- * Program and Evaluation Plan / Policy and Recommended Protocols (Establishing an Eating Concerns Team)
- * Nutrition Guidelines
- * Eating Disorders in Collegiate Sport: Unique Risks, Policies and Procedures
- * Recommended Reading



Adolescent Treatment Program



This exciting new initiative is geared towards supporting high school seniors in the process of transitioning to college. HRS will help families identify outpatient providers near campus and offer monthly consultation support pro bono to all educational institutions throughout Massachusetts.

Dr. Ovidio Bermudez, Adolescent Program Advisor

- Chief Clinical Officer and Medical Director of Child & Adolescent Services at Eating Recovery Center
- Clinical Professor of Pediatrics at the University of Colorado School of Medicine
- Board certified in Pediatrics and Adolescent Medicine
- Certified Eating Disorders Specialist (IAEDP)



Adolescent Treatment Program: Clinical Partner



O'Connor Professional Group

BEHAVIORAL HEALTH NAVIGATION

O'Connor Professional Group (OPG) offers a continuum of services to guide individuals and families through the behavioral health industry by providing concierge services to identify suitable treatment and aftercare options, and assist in creating and implementing sustainable recovery plans. They help address the needs of those struggling with behavioral health issues that include substance use disorders, mental health issues, eating disorders, and mood and personality disorders. OPG also supports individuals on the autism spectrum and clients lacking clinical diagnoses, who are struggling with transitions to independence.



Advocacy Program



***Eliza Lanzillo** is our Program Director of Advocacy Initiatives. She is pursuing a PhD in Clinical Psychology at The Catholic University of America (CUA). Her most recent position was as a postbaccalaureate research fellow at the National Institute of Mental Health (NIMH). Eliza graduated from Brown University in May of 2016 with a degree in psychology.*

Eliza is passionate about psychology and is a strong advocate for prioritizing mental health on college campuses. During her time at Brown, Eliza served as President of Brown's chapter of Active Minds. This involved organizing several events and weekly meetings to raise awareness about mental health and create a safe space for students to discuss their concerns and interests. She also served as a student advisor to Zencare.co, a listing of peer-recommended therapists modernizing the therapist search process.

*Eliza has spoken about university mental health on media outlets including **The Wall Street Journal** and **Dr. Oz** as well as on university campuses nationwide. She continues to pursue her passion for mental health through her research as a clinical psychology PhD student at CUA which focuses on treatment interventions for acutely suicidal youth. Eliza is thrilled to bring her passion for advocacy and insights from her lived experience with an eating disorder to the mission of HRS.*



Advocacy Toolkit



Eating disorders are complex medical conditions with devastating consequences. In fact, eating disorders have the highest mortality rate of any mental illness, resulting in one death every 62 minutes (ANAD, 2017). With this staggering statistic in mind, it is crucial for all of us to consider an advocacy role within the eating disorder community. Identifying opportunities to increase awareness and education surrounding eating disorders, as well as resources available to individuals struggling with this illness is critical to reducing the morbidity and mortality of eating disorders.

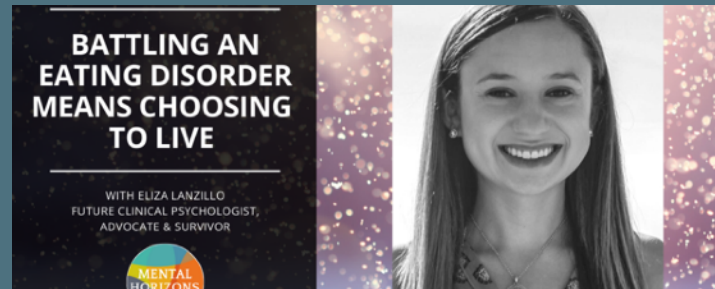
Please click on the image to the left, to view our **Advocacy Toolkit**, a wonderful resource for college students interested in advocacy initiatives on campus, in their local community, and/or during Lobby Days with the Eating Disorders Coalition.



Educational Webinar and Recovery Podcast



The Healthy Minds Network created a webinar focused on eating disorders within the university community. Their expert presenters discussed the incidence and prevalence of EDs with college student populations, risk factors, and evidence-based treatment approaches. Eliza was the student presenter who shared her lived experience of having an ED while in college.



As Program Director of Advocacy Initiatives, Eliza has participated in several educational initiatives. One such project involved sharing her recovery story as part of a podcast series developed by Virgil Stucker and Associates. In Season 2, Episode 2, Eliza's story: "**Battling an Eating Disorder Means Choosing To Live**" was highlighted on January 1, 2020.



Outreach Initiatives



HRS maintains a monthly newsletter containing educational information, book reviews, clinical articles on important topics (addiction and co-occurring disorders) and special populations (athletes and males), as well as research findings on effective campus prevention efforts.

HRS also maintains a comprehensive list of awareness events, trainings, and webinars throughout the country on eating disorders and other related topics of interest to students, their families, and treatment providers both within and outside of the university community.



On this YouTube Channel, there will be video blogs created by advocates, college students nationwide, and professionals in the field - all of whom will focus on how students can best maintain their recovery while also being on campus.



Cape & Islands Family Support Network

Our mission is to create a community of practitioners, treatment facilities and educational institutions who can guide clients with eating disorders through all stages of the recovery process, as well as provide both networking and training opportunities for those supporting this clinical population throughout the Cape and Islands region.

We will take the time to listen to your concerns and recommend providers who can offer guidance in prioritizing next steps in this process. We can also help identify evidence-based treatment resources, and if needed, share referrals for recovery coaching and/or family therapy services. (Please note that there may not be experienced providers in every community - during these times, our role will then be to identify mental health clinicians who can provide consultation services to members of an existing outpatient treatment team).

Our network will share newsletters each Spring and Fall, offering members an overview of recent programming initiatives, upcoming events, and highlights of organizations providing services on behalf of this clinical population. Newsletters will also include an update on our eating disorder network and recognition of new affiliates available to support clients in crisis.



Leadership Team

“Eating disorders affect millions of young people - it is estimated that only one in thirty-five individuals in crisis seek some form of treatment. To improve treatment outcomes, all of us must play a part in reducing the shame and stigma that exists with regards to this potentially life-threatening illness. We must also collaborate with one another, to better provide the resources and treatment necessary to allow for the healing to begin. I'm honored to be part of a team which shares my passion for supporting these clients throughout all stages of the recovery process”.

Dawn Hynes, MSW, Member of Leadership Team



Sheri Damon, LMHC



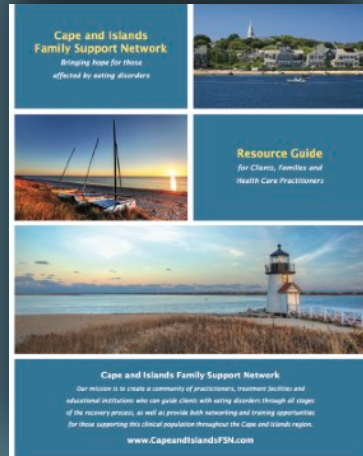
**Lian Folger,
MPH '21**



**Stacy Hostetter,
MSN, RN, FNP-BC**



Eating Disorder Treatment Directory



EATING DISORDER TREATMENT DIRECTORY

Cape and Islands Family Support Network

INDIVIDUAL PROVIDER APPLICATION

To be considered placement in the Eating Disorder Directory please review this application and send it all requested materials within two weeks.

Health care practitioners seeking changes to their practice resources can do so only by request. This will allow us time to make these changes before sending a link of the updated directory to our leadership team in early September.

Please review the sample application responses and then complete our individual provider form on page three. This third page will provide in-depth information on your clinical practice with prospective clients, their family members, treatment facilities seeking resources, provider fees, charges, and local needs with practitioners seeking additional team members for the directory team use. In order to make additional comments, please follow the format and structure of the completed application. Use time to not include, please write "N/A" to the question provided. Also, note that you have 30 days to complete this application.

In Cape and Islands Family Support Network is currently developing Eating Disorder Treatment Teams throughout the region. Upon approval of your application, you will be provided the materials that correspond to the other locations identified in your application. Please note that all provider addresses must allow either one per hour consult, individual consult or in-network training per hour.

Professional Reference:

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Supporting Materials:

Please send the completed form, current license as updated (CV), and a log of your professional facilities (if a healthcare provider, or otherwise, as an individual or team).

Thank you for your interest in joining our provider network. If you have any questions regarding the application process, please e-mail Doreen Flynn-Roddy at dorothyflynnroddy.com.

Warm regards,
Doreen Flynn, MEd, Founder of Hope Recovery Services

Provider Membership:

Open to all outpatient providers with a current private practice in the Cape and Islands region. (Though any health care practitioner may apply, regardless of clinical setting). In addition to receiving both our newsletters and monthly listserv announcements, approved members may also complete an “Individual Provider” form, which our leadership team will review when determining treatment options.

(Note: HRS is in the process of creating “Eating Disorder Treatment Teams” throughout the Cape & Islands region. Once in place, these networks will be better equipped to coordinate care for clients seeking all levels of support).



Training Initiatives



Our network is honored to be affiliated with training partners **FLIHH** and **Timberline Knolls** - programs which will be collaborating with Hynes Recovery Services to create both in-person and virtual clinical presentations requested by the community. In addition, there will be other presentations offered pro bono to mental health agencies, health centers, hospitals, non-profit organizations and educational institutions throughout this region by members of our leadership team and trusted colleagues in the field.

Presentation Topics:

- *Identification and Treatment of Eating Disorders*
- *Evidence-Based Approaches of Eating Disorder Treatment: ACT, CBT, DBT, and FBT*
- *Nutrition Assessment and Therapeutic Interventions*
- *Supporting the Young Adult Athlete with Body Image and/or Eating Concerns*
- *The Intersection Between Eating Disorders and Co-occurring Disorders*
- *Trauma Assessment within the Eating Disorder Population*
- *Supporting Families: A Collaborative Approach*
- *Eating Disorder Recovery Presentation*

At the end of each presentation, we will share our “ED Resource Guide” with attendees, as well as a list of recommended treatment programs both within and outside of this geographical area. (To learn more, please contact us at: info@capeandislandsfsn.com).



Training Partner: Foundation for Learning and Inspiring Health and Healing



Founded by Sheri Damon, LMHC, The **Foundation for Learning and Inspiring Health and Healing** (FLIHH) is a unique healing practice and therapeutic farm located on the South Shore of Boston, MA. Damon's therapies reinforce the importance of mind-body connection in treating technology overuse and addiction, anxiety, depression, stress, eating disorders, and more. In addition, Damon offers consultations and training services for clients across the US via teleconference.

Damon applies a combination of strength-based strategies like Cognitive Behavioral Therapy (CBT), mindfulness and meditation, with effective programs for all ages, individuals, and families. Butterflihh Farm provides the opportunity for animal-assisted techniques, allowing clients to connect with nature and animals in a serene, soothing environment that promotes healing, wellness, and resiliency.



Training Partner: Timberline Knolls Residential Treatment Center



Timberline Knolls provides residential treatment (RTC) for adolescent girls and women (ages 12 and over), as well as a partial hospitalization program (PHP) with housing options, for adult women to step-down or direct admit. They treat the full spectrum of eating disorders as well as substance use disorders, trauma, mood and other co-occurring disorders. Timberline Knolls specializes in providing treatment in a female gender-specific setting. (They accept transgender adults who identify as female as well). Their treatment modalities include: DBT, ACT, 12 Step principles, experiential therapies, spirituality, individual and group therapy, family systems, and trauma awareness. They also offer *Timberline Knolls Academy*, an onsite school that provides residents with individualized, results-oriented educational support. In addition, The *Grace Program* is available for residents seeking Christian treatment. TK offers a peaceful, non-institutional setting.



***Notes4Recovery* Program**



Event Co-Chairs
Will and Kaitlin Hynes

Notes4Recovery is an exciting initiative which combines a passion for music with an important mission - supporting students in crisis struggling with mental health concerns at alarming rates. Their team of dedicated volunteers will be co-sponsoring a “Recovery Concert” each summer on Cape Cod (an area with almost twice the suicide rate as other parts of Massachusetts). During these events, there will be musical performances, mental health programming and a recovery presentation.

In addition, local clinicians will provide recommendations on supporting a friend in need, as well as tips on how one can reach out for support themselves if personally struggling with a mental health condition.

(For educational institutions interested in hosting a similar event on their respective campus, “Event Planning Kits” will be available, which will include guidelines on how to host a successful *Notes4Recovery* concert).



Social Media Outlet for Notes4Recovery



Notes4Recovery will maintain a Twitter account that includes weekly posts on important mental health issues, new adolescent programming, research articles, and relevant event announcements highlighted within the Massachusetts community.



*Crisis Intervention,
Awareness Initiatives &
Educational Resources
(for college students and campuses nationwide)*



Hotlines

Crisis Text Line

National Suicide Prevention Lifeline

National Sexual Assault Hotline

National Domestic Violence Hotline

SAMHSA's National Helpline (for SUDs)

TrevorLifeline / TrevorChat / TrevorText



"What REALLY Happens When You Reach Out to Crisis Lines?"
(Active Minds post, written by Melina Acosta: April 3, 2017)



Suicide Prevention

Each year, an estimated 20% of individuals between the ages of 10 and 24 years will seriously consider suicide; approximately 14% will make a plan to end their own life (Kann et al., 2017). It is further estimated that each year, 7% of adolescents will attempt suicide (Kann et al., 2017).

In 2018, more than 6,800 adolescents died by suicide, making suicide the second leading cause of death among this cohort (Centers for Disease Control and Prevention, 2018). As these statistics illustrate, it is crucial to identify which adolescents are at risk for acting on their suicidal thoughts or urges.

The majority of people who die by suicide visit a healthcare provider in the months prior to their death, highlighting a critical opportunity for detecting at-risk youth.

The **Ask Suicide-Screening Questions (ASQ) Toolkit** is a free resource designed to support medical personnel in suicide risk screening efforts. The Toolkit includes the ASQ, a 4-item screening tool, an information sheet discussing the importance of talking about suicide with youth, scripts for staff to introduce screening to families, a list of mental health resources, and a guide for conducting safety assessments with at-risk youth.

Further, the Toolkit materials are specific to setting, with materials designed for use in the emergency department, inpatient medical/surgical unit, and outpatient primary care and specialty clinics. Importantly, it is recommended that *all* youth, regardless of presenting complaint, are screened for suicide risk.



NIMH: Ask Suicide-Screening Questions Toolkit (ASQ)



By enabling early identification and assessment of young patients at high risk for suicide, the ASQ toolkit can play a key role in suicide prevention. Please click [here](#) to access this toolkit and learn valuable tips for administering these screening materials with both adolescents and the young adult population.

A screenshot of the ASQ Screening Tool form. The form is titled 'ASQ Screening Tool' and includes a header with the NIMH logo and the text 'NIMH Toolkit'. The form contains several sections with questions and checkboxes. The first section is 'Ask the patient' and includes questions about suicidal thoughts and feelings. The second section is 'Ask the provider' and includes questions about the patient's history and current status. The third section is 'Need help?' and includes a list of resources for further assistance. The form is designed to be used by healthcare providers to screen patients for suicide risk.

For medical settings, one of the biggest barriers to screening is how to effectively and efficiently manage the patients who screen positive. Prior to screening, each setting will need to have a plan in place to manage patients that screen positive. The ASQ Toolkit was developed to assist with this management plan and to aid implementation of suicide risk screening, providing the tools for the management of patients who are found to be at risk.

asQ Screening Tool



Crisis Intervention Services



The **National Suicide Prevention Lifeline** provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 150 community crisis centers, combining custom local care and resources with national standards and best practices. For their chat option, please click [here](#) to be connected to this online resource.

Crisis Text Line is a free, 24/7 support for those in crisis. Text 741741 from anywhere in the U.S. to connect with a trained Crisis Counselor who will help you move from a “hot moment” to a “cool calm” allowing you to remain safe and healthy through the use of effective active listening and pursuing suggested referrals. All interactions take place through text message, utilizing Crisis Text Line’s secure platform.

CRISIS TEXT LINE |



Disaster Distress Helpline is a toll-free, multilingual and confidential crisis support service dedicated to providing immediate crisis counseling for those who are experiencing emotional distress related to any natural or human-caused disaster. To reach out, either call (1-800-985-5990) or text (“TalkWithUs” to 66746) in order to be connected with a trained crisis counselor.



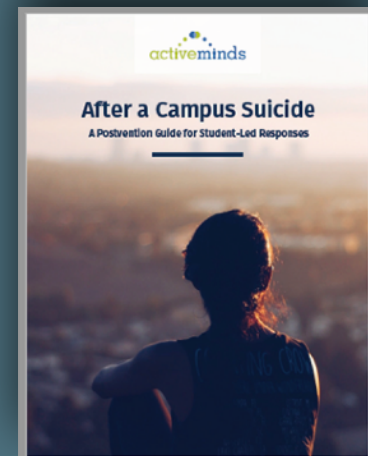
Mental Health Non-Profit in the University Community



Active Minds is the nation's premier nonprofit organization supporting mental health awareness and education for young adults.

Through award-winning programs and services, Active Minds is empowering a new generation to speak openly, act courageously, and change the conversation about mental health for everyone. Their signature programs include the Send Silence Packing® exhibit, Active Minds Speaker Bureau and the Active Minds National Conference. Powering the Active Minds movement is a network of campus chapters located at more than 500 colleges, universities, and high schools nationwide.

As many students feel most comfortable speaking to peers about mental health, this guide includes effective and safe suggestions on how to encourage help seeking. It also includes recommendations for communicating via the news media and social media. In many ways, "postvention is prevention," and so this guide will also provide suggestions on how students can best lead their communities toward healing and rebuilding after a tragedy, work to eliminate mental health stigma on their campuses, and engage in suicide prevention efforts.



Mental Health Non-Profit in the University Community (cont.)



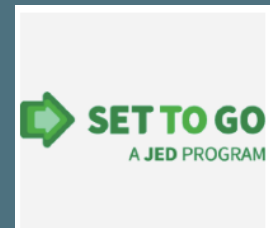
The Jed Foundation (JED) is a non-profit organization that protects emotional health and prevents suicide for our nation's teens and young adults. JED partners with high schools and colleges to strengthen their mental health, substance misuse and suicide prevention programs and systems.

The Jed Foundation works through its signature programs below to guide universities in developing on-campus initiatives to fully support their student body. (In addition, they have also partnered with experts and organizations to provide informative webinar sessions for university professionals).



A nationwide initiative designed to help colleges and universities develop campus-wide systems, programs and policies to support mental health and prevent substance abuse and suicide.

Program that guides students, families and high school educators through the social, emotional and mental health challenges related to the transition out of high school to college and adulthood.



Mental Health Non-Profit in the University Community (cont.)



A mental health resource center for college students that provides information about emotional health issues and the resources available on their campus. It also offers a confidential mental health self-screening tool.

A national campaign in partnership with Ad Council and American Foundation for Suicide Prevention that encourages teens and young adults to "seize the awkward" by reaching out to a friend who may be struggling with mental health issues.



Additional Resources:

- * Balancing Safety and Support on Campus: A Guide for Campus Teams
- * Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student
- * Campus Mental Health Action Planning
- * College Counseling from a Distance: Deciding Whether and When to Engage in Telemental Health Services (*HEMHA Guide)



Mental Health Non-Profit in the University Community (cont.)



The **Healthy Minds Network for Research on Adolescent and Young Adult Mental Health** (HMN) is dedicated to improving the mental and emotional well-being of young people through innovative, multidisciplinary scholarship. HMN addresses the connection between the mental health of adolescents and young adults and their health behaviors, physical health, and social, educational, and economic outcomes.

The HMN's main project—The Healthy Minds Study (HMS)—is an annual web-based survey study examining mental health, service utilization, and related issues among undergraduate and graduate students. HMS is available for implementation at all types of post-secondary institutions, including U.S. and international four-year colleges and universities as well as community colleges. Enrolling your institution in HMS demonstrates your school's dedication to understanding and addressing issues related to students' mental health through scientifically rigorous research. The ultimate goal is that HMS data can be used to inform policy and practice on college and university campuses.

In addition, the Healthy Minds Network hosts an annual **College Mental Health Research Symposium** which brings together researchers, clinicians, campus practitioners, entrepreneurs, advocates, students and others – to discuss opportunities and challenges in campus mental health.

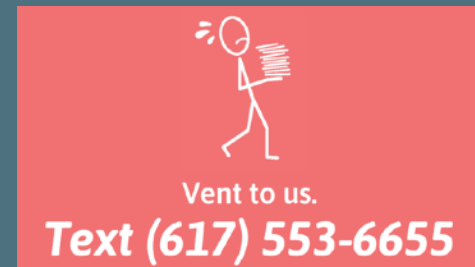


Mental Health Non-Profit in the University Community (cont.)



Lean On Me strengthens communities by providing peer-to-peer text lines that allow for easy access to confidential non-crisis support. This entity envisions a world where anyone can seek and receive emotional support.

Supporters are volunteers who share a student's experience and are available to help those seeking to connect with someone during a stressful time. (These "supporters" are peers on their respective campus). While not formally certified, supporters are required to complete a rigorous training.



If you're part of a group that is interested in having a *Lean On Me* hotline, please reach out, and their team will contact you. Leadership staff are looking to expand to additional universities as well as other organizations in the near future.



Eating Disorder Resources

*(for students, loved ones, and the
mental health community)*



Eating Disorders Overview



Ovidio Bermudez, MD, FAAP, FSAHM, FAED, Fiaedp, CEDS is the Senior Medical Director of Childhood & Adolescent Services as well as the Chief Education Officer and Executive Ambassador at Eating Recovery Center in Denver, Colorado. In this presentation, Dr. Bermudez will provide an in-depth overview of the etiology of eating disorders, symptom presentation, factors to consider when developing a treatment plan and how best to support those facing this potentially life-threatening illness.



Eating Disorders Information Gateway - Online Platform



The Eating Disorders Information Gateway (EDIG) is a free resource which provides a single portal where anyone looking for information on eating disorders can access a variety of materials. This EDIG incorporates a user-friendly interface to provide professionals and families with easy access to relevant information on eating disorders prevention, diagnosis, treatment, insurance and/or legislation. It also contains both consumer and professional resources. Please note that the Gateway is primarily a citation database, with links to publishers and copyright holders. Full citation information is included, so articles can be requested through university and public library inter-library loan (ILL) programs. To learn more, click [here](#).



Center of Excellence for Eating Disorders



NCEED
National Center of Excellence
for Eating Disorders

NCEED is the nation's first center of excellence dedicated to eating disorders. Founded in 2018 by the Substance Abuse and Mental Health Services Administration, their mission is to advance education and training of healthcare providers and to promote public awareness of eating disorders and eating disorder treatment.

Based at the University of North Carolina at Chapel Hill, NCEED includes clinicians, researchers, and advocates who specialize in eating disorder care. They are committed to providing up-to-date, reliable, and evidence-based information.

NCEED's goal is to ensure that all individuals with eating disorders are identified, treated, and supported in recovery. Though eating disorders are serious conditions, they can be identified and treated effectively – particularly when providers and the public have the knowledge and skills necessary to make a difference.



Academy for Eating Disorders



The Academy for Eating Disorders (AED) is a global professional association committed to leadership in eating disorders research, education, treatment, and prevention. Their vision is global access to knowledge, research and best treatment practice for eating disorders.

The primary goal of the AED is to provide international access to knowledge, research and best treatment practice for eating disorders. Their mission is to help physicians, psychiatrists, psychologists, social workers, nutritionists, academic researchers, students and experts through lived experience connect and collaborate with each other and keep abreast of recent developments in eating disorders research.

AED's main event is the annual International Conference on Eating Disorders (ICED), a scientific conference that spans research and education from basic science to cutting edge emerging research in the field. ICED is attended by both leaders and future leaders in the field of Eating Disorders from around the world.

The Academy for Eating Disorders has released a new document titled Nine Truths about Weight and Eating Disorders in order to increase awareness of eating disorders in people along the full spectrum of body sizes. Despite the stereotype of patients being extremely underweight, eating disorders can occur at any weight. This document aims to eradicate the stereotypes and educate both medical professionals and the public about these deadly disorders.



Academy for Eating Disorders: Treatment Options

The multidisciplinary membership of the Academy for Eating Disorders reflects the consensus view that treatment must often involve clinicians from different health disciplines including psychologists, psychotherapists, physicians, psychiatrists, dietitians, and nurses. Patients with eating disorders typically require a treatment team consisting of a primary care physician, dietitian, and a mental health professional knowledgeable about eating disorders.

Research on the treatment of eating disorders is exploring how certain treatments can be helpful for different types of eating disorders. The American Psychiatric Association has published a set of practice guidelines for the treatment of patients with eating disorders (American Psychiatric Association, Practice Guidelines for Eating Disorders, American Journal of Psychiatry, 2000).

There is general agreement that appropriate treatment often requires a spectrum of therapeutic options. These options can range from basic educational interventions designed to teach nutritional and symptom management techniques to long-term residential treatment (living away from home in treatment centers).

Most individuals with eating disorders are treated on an outpatient basis after a comprehensive evaluation. Individuals with medical complications due to severe weight loss or due to the effects of binge eating and purging may require hospitalization. Those for whom outpatient therapy has not been effective, may benefit from day-hospital treatment, hospitalization, and/or residential placement.



Academy for Eating Disorders: Treatment Options (cont.)

Treatment is usually conducted in the least restrictive setting that can provide adequate safety for the individual. Many patients with eating disorders also have depression, anxiety disorders, drug and/or alcohol use disorders and other psychiatric problems requiring treatment along with the eating disorder.

INITIAL ASSESSMENT

The initial assessment of individuals with eating disorders involves a thorough review of the patient's history, current symptoms, physical status, weight control measures, and other psychiatric issues or disorders such as depression, anxiety, substance abuse, or personality issues. Consultation with a physician and a registered dietitian is often recommended. The initial assessment is the first step in establishing a diagnosis and treatment plan.

OUTPATIENT TREATMENT

Outpatient treatment for an eating disorder often involves a coordinated team effort between the patient, a psychotherapist, a physician, and a dietitian (yet, many patients are treated by their pediatrician or physician with or without a mental health professional's involvement).

Similarly, many patients are seen and helped by generalist mental health clinicians without specialist involvement. Not all individuals, then, will receive a multidisciplinary approach, but the qualified clinician should have access to all of these resources.



Academy for Eating Disorders: Treatment Options (cont.)

PSYCHOTHERAPY

There are several different types of outpatient psychotherapies with demonstrated effectiveness for patients with eating disorders, such as cognitive-behavioral therapy, interpersonal psychotherapy, family therapy, and behavioral therapy. Some of these therapies may be relatively short-term (i.e., four-months), but other psychotherapies may last years. (It is very difficult to predict who will respond to short-term treatments versus longer term treatments. Other therapies which some clinicians and patients have found to be useful include feminist therapies, psychodynamic psychotherapies and various types of group therapy.

PSYCHOPHARMACOLOGY

Psychiatric medications have a demonstrated role in the treatment of patients with eating disorders. Most of the research to date has involved antidepressant medications such as fluoxetine (for example Prozac®), although some clinicians and patients have found that other types of medications may also be effective.

NUTRITIONAL COUNSELING

Regular contact with a registered dietitian can be an effective source of support and information for patients who are regaining weight or who are trying to normalize their eating behavior. Dietitians may help patients to acquire a fundamental understanding of adequate nutrition and may also conduct dietary counseling, which is a more specific process designed to help patients change the nature of their eating behavior.



Academy for Eating Disorders: Treatment Options (cont.)

MEDICAL TREATMENT

Patients are subject to a variety of physical and medical concerns. Adequate medical monitoring is a cornerstone of effective outpatient treatment.

DAY HOSPITAL CARE

Patients for whom outpatient treatment is ineffective may benefit from the increased structure provided by a day hospital treatment program. Generally, these programs are scheduled from three to eight hours a day and provide several structured eating sessions per day, along with various other therapies, including cognitive behavioral therapy, body image therapies, family therapy, and numerous other interventions. Day Hospital allows the patient to live at home when they are not in treatment, and often continue to work or attend school.

INPATIENT TREATMENT / RESIDENTIAL CARE

Inpatient treatment provides a structured and contained environment in which the patient with an eating disorder has access to clinical support 24-hours a day. Residential programs provide a longer term treatment and is generally reserved for those who have been hospitalized on several occasions, but have not been able to reach a significant degree of medical or psychological stability.

* Note: Within these levels of care, specific therapeutic approaches can be incorporated to enhance the healing process: Expressive Therapies, Dance Movement Therapy, Music Therapy and Psychodrama Therapy.



10 Actions (within Eating Disorders Community)

The **10 Actions** document series was written by the *AED Experts by Experience Committee*, which is comprised of AED members with lived experience. The main mission of the committee is to fully integrate the perspective, wisdom, and knowledge of patients and caregivers into the AED's programs and services, with the ultimate goal of improving the quality of eating disorder research and treatment.

Individuals | 10 ACTIONS

- 1 Learn as much as you can about **Eating Disorders (EDs)**, including how genetics and environment combine to trigger them, via a "Therapeutic Drive" where it is your fault.
- 2 Expand your idea of the "phenotypical ED." They affect individuals of all sizes, shapes, ages, sexes, genders, and socioeconomic statuses, and your struggles are valid regardless.
- 3 Look beyond your physical appearance to measure the presence or seriousness of your ED. Your thoughts and behaviors in relation to food, eating, exercise, compensatory behaviors, and quality of life, are much better determinants of how your ED is holding you back.
- 4 Know that, even if you "look healthy," your ED is worthy of treatment, or that you can get rid of or greatly reduce the related thoughts and behaviors, and recover your quality of life.
- 5 Seek treatment as soon as possible. You are in a serious medical crisis which could threaten your life (or cancer or a traumatic brain injury) and you need serious, specialized treatment.
- 6 Be on the lookout for medical complications, and/or suicidal ideation, and talk to your physician and/or therapist. If they seem dismissive or unhelpful, seek a second opinion until you get the care that you deserve. Your life depends upon it.
- 7 Prioritize your recovery. You may have to take a temporary break from work, school, friends, and/or exercise, and that's OK when you recover, you will have better focus for all of this.
- 8 Find your support network in recovery. This can be from your biological family, and/or your "chosen family" of significant others, friends, and communities of others with EDs.
- 9 Adjust your expectations about recovery; it is not linear. Don't assume constant progress. There will good days and bad days. Some things will feel better at first, and some won't. Be patient; it is a marathon, not a sprint.
- 10 Maintain hope that full recovery is possible at any age, no matter how long you have had an ED. There are many examples of individuals who have recovered after decades. Recovery looks different for each person, but the word days in recovery are better than the best days with ED.



10 Actions
for Individuals

Caregivers | 10 ACTIONS

- 1 Learn as much as you can about eating disorders and about evidence-based treatment. Take your time as you learn, and be patient. You are the expert on your timeline and you both can and should offer invaluable insight and support.
- 2 Accept that there is no eating disorder stereotype. Eating disorders affect people of all genders, races, ethnicities, weights, body shapes, sexual orientations, and socioeconomic statuses. It's an equal opportunity, biologically influenced mental disorder. It's not a choice.
- 3 Know that your loved one's physical appearance does not measure the presence or severity of an eating disorder. Thoughts and behaviors in relation to food, eating, exercise, and other compensatory behaviors offer a more accurate assessment.
- 4 Make sure that your loved one gets a full medical evaluation by an experienced eating disorder professional. Meet the Academy for Eating Disorders' Medical Care Guidelines and take a printed copy with you to the appointment.
- 5 Always be vigilant. Learn about comorbid conditions and suicide assessment. Be on the lookout for signs of medical complications and/or suicidal ideation. These risks can occur at any weight, across the spectrum of eating disorders, and can vary between people. Also, watch for symptoms of relapse.
- 6 Hold firm to what you know about your loved one. Until your situation, be an empowered advocate and push for further diagnostics when you feel that something is wrong.
- 7 Recognize that eating disorders can compromise brain function. Your loved one may not "buy" into treatment, and that's okay. Treatment can still be effective. You may have to make decisions on behalf of the affected person for a while, even when your loved one is available.
- 8 Prioritize your loved one's recovery. Your loved one may need to take time off from school, work, and other activities. This may need to be temporary take time off as well as make decisions on their own. An eating disorder is a serious medical crisis that necessitates immediate and full attention. Full nutritional rehabilitation is an absolute priority.
- 9 Make sure that everyone in the family has support. The ripple effect that eating disorders have on the whole family is significant. Know that support can be good at helping their suffering as well as to further support your parents. Sometimes support needs to be offered. Accept the help that you need.
- 10 Hold the vision of your loved one's recovery. Know that full recovery is possible at any age, even when it may seem impossible, and even after all the battles of the illness. Understand that recovery is not linear. There are good days and bad days. Thoughts and behaviors may persist long after eating and weight are stabilized. Give up for a moment; not a sprint.



10 Actions
for Caregivers

Clinicians | 10 ACTIONS

- 1 Understand that physical appearance alone does not measure the presence or seriousness of an eating disorder. Thoughts and behaviors in relation to food, eating, and compensatory behaviors such as purging or exercise.
- 2 Involve family and/or others that the individual identifies as support persons in assessment and treatment. Take the support from their loved one, and they can offer valuable insight and support. Research shows improved prognosis for those who have support from family and friends.
- 3 Recognize that eating disorders have a ripple effect that creates a state of crisis not only for the affected individual, but for their families as well. Address the eating disorder affecting recovery and other subjects to help decrease distress and improve support. Provide resources, education, and support for all.
- 4 Help individuals and caregivers understand the complex etiology of eating disorders. Genetics, environment and many other factors contribute to their development. Don't let anyone that reinforces that eating disorders are choices or that blame anyone for the disorder.
- 5 Maintain a high index of suspicion for these serious disorders. Screen individuals who present with 1. Unexplained weight loss, gain or fluctuations. 2. Frequent illness. 3. Changes in mood or anxiety. 4. Amenorrhea. 5. Fatigue. 6. Changes in exercise or eating patterns. 7. Changes in attitude or behavior, especially when related to food, exercise or weight.
- 6 Re-evaluate frequently for medical and psychological danger. Weight, size, body shape, and BMI are not the only markers for health. Educate yourself, the individual, and family members about the increased risk of medical complications and suicide. Refer to the Academy for Eating Disorders Medical Care Guidelines for more information.
- 7 Recognize individuals and their caregivers that recovery is always possible. Even though prognosis is improved with earlier diagnosis and treatment, recovery can happen even in someone with a longstanding eating disorder.
- 8 Take caregiver concerns seriously and investigate further, even if the individual denies concerns. Individuals with eating disorders may not recognize the seriousness of their illness and/or may minimize their symptoms.
- 9 Explain to individuals and their families that recovery is about more than just weight restoration. Understand that eating disorder thoughts and behaviors are also measured in determining recovery, and that these thoughts and behaviors can take longer to resolve. Some individuals may need to reach higher weights to achieve full recovery.
- 10 Promote diversity in clinicians and clinical spaces. Understand how clinician biases regarding weight, or the types of individuals that get eating disorders, influences care. Recognize that eating disorders affect individuals of all shapes, sizes, ages, races and genders.



10 Actions
for Clinicians



Family Support

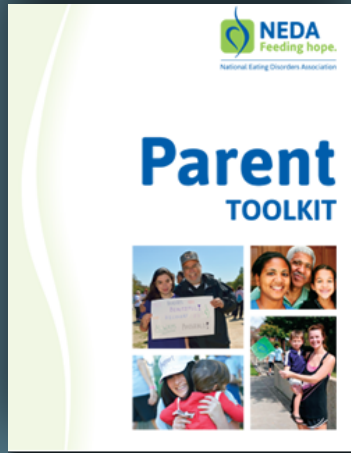
Research indicates family support is critical throughout the recovery process. With this in mind, our team has identified resources which can offer guidance during this challenging time. For educational materials, click [here](#) for the **Gürze Catalog**. To join an online forum, consider the following options: *“Around the Dinner Table” Group for Caregivers*, *Eating Disorder Parent Support Group*, *Eating Disorder Family Support Network (Mom2Mom / Man2Man)*, and *International Eating Disorder Family Support*. For those family members interested in counseling, we recommend reaching out to the [American Association for Marriage and Family Therapy](#) which offers a [family therapy directory](#). In addition, we also encourage everyone to explore the expansive website below, which is dedicated to those in the role of supporting individuals with body image and/or eating concerns.



F.E.A.S.T. is an international non-profit organization of and for caregivers of loved ones suffering from eating disorders founded by a network of parent volunteers. Their primary mission is to support caregivers by offering educational information and peer support, promoting evidence-based treatment, and advocating for research to reduce the suffering associated with eating disorders.

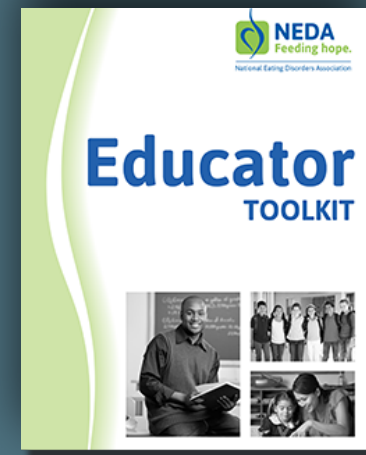


Family Support (cont.)



The ***NEDA Parent Toolkit*** is for anyone who wants to understand more about how to support a family member or friend affected by an eating disorder. You will find answers to insurance questions; signs, symptoms and medical consequences; information about treatment and levels of care; and questions to ask when choosing a treatment provider.

The ***NEDA Educator Toolkit*** is a resource geared for educators, staff working with educational settings or those who work with youth outside of school. (Though this information is also useful for loved ones). If you would like to understand more about eating disorders and know how to best support both adolescents and young adults, this resource will provide helpful guidelines for support throughout a student's recovery journey.



Eating Disorder Treatment and Insurance Issues

Seeking treatment for an eating disorder can be overwhelming, intimidating and confusing. Families must become aware of all treatment options, and the necessary steps for receiving this treatment through one's insurance company.

If students and their family members are not allowed to access recommended care, they should reach out to an attorney with expertise in this area of law.

What can students do to seek insurance approval?

- *Become familiar with their insurance policy or health benefit plan. Obtain a copy of these documents if not already in their possession.*
- *Understand the insurance policy's coverage for treatment at an in-network facility versus an out-of-network facility.*
- *Ask their insurance company for a list of in-network treatment facilities.*
- *If the insurance company has no in-network facilities in the area, they can ask for a single case agreement with a preferred treatment facility in their state.*
- *Document that the treatment is medically necessary by providing their doctor's written report, their own letter describing the need for treatment, and letters of support from family members, friends, and/or co-workers.*



Eating Disorder Treatment and Insurance Issues (cont.)

What else can be done?

- *Submit copies of all treatment records to the insurance company.*
- *Ensure that the facility communicates with the student's insurance company in writing and retains records of correspondence.*
- *Keep records of all out-of-pocket expenses for future reimbursement.*
- *Find out if the state a student resides in has a Mental Health Parity Law.*

Lisa Kantor, Esq., Kantor & Kantor, LLP



When treating students, providers may be required to engage in “insurance reviews” with a representative from their insurance company. In such reviews, the provider is expected to communicate the medical and psychological necessity of the recommended and/or current level of care. On the left, there is a document developed by the *Academy for Eating Disorders* which serves as a guide to help providers navigate this insurance review process.



Provider Directories

One of our most important roles is to ensure that we are providing college students with the most useful information about treatment options throughout the country – based on the information shared with us during their initial assessment.

With this in mind, our team searched for provider directories that would focus exclusively on health care practitioners which are trained in the treatment of individuals with body image and/or eating concerns. Below are online sites we recommend which highlight experts available for outpatient care:

- * [Academy for Eating Disorders](#)
- * [Gürze-Salucore](#)
- * [\(The\) National Association for Anorexia Nervosa and Associated Disorders](#)
- * [National Eating Disorders Association](#)

In Massachusetts, there are two additional resources that providers can utilize for the students in their care:

- * [SSCIT](#): Provides access to licensed mental health professionals in private practice on the South Shore of MA & Cape Cod.
- * [INTERFACE Referral Service \(WJC\)](#): Mental health and wellness referral Helpline - a free, confidential service for residents of several [participating communities](#).



Provider Directories (cont.)

This slide highlights additional resources which can be immensely helpful when identifying members of an outpatient treatment team for yourself, loved one, or student in your care. Please review the entities below - each directory incorporates numerous features which significantly improves the search process.

InnoPsych: This online platform strives to make it faster (and easier) for people of color to match with a therapist of color; and to create a major shift in how POCs view therapy.

MiResource: Online directory which helps organizations seamlessly manage their community-based referral lists and connects young adults to local mental healthcare resources that fit their specific needs.

Shrink Space: Female-founded, HIPAA-compliant platform, focused on improving access to mental health care by streamlining the referral process between students, college and university counseling centers, and off-campus providers.

ThrivingCampus: Online referral community that connects college and university students to the off-campus mental health care they need to thrive.

Zencare: Referral network connecting students with therapists through up-to-date availability and insurance information, as well as the sharing of clinician videos.



Nutrition Education & Training

Throughout the treatment planning process, it is essential to incorporate nutrition services which will complement the medical and psychological support your student is receiving from health care practitioners. On this slide, we have compiled a few resources and professional organizations which will offer guidance in this clinical area.

Position Paper:

* Addressing Nutritional Disorders in Adolescents. The Society for Adolescent Medicine. Journal of Adolescent Health 63 (2018) 120-123.

Training:

The Ultimate Eating Disorder Training for Dietitians:

Jessica Setnick, MS, RD, CEDRD-S

Professional Organizations:

Academy for Eating Disorders: Nutrition Special Interest Group

Academy of Nutrition and Dietetics

Sports, Cardiovascular, and Wellness Nutrition

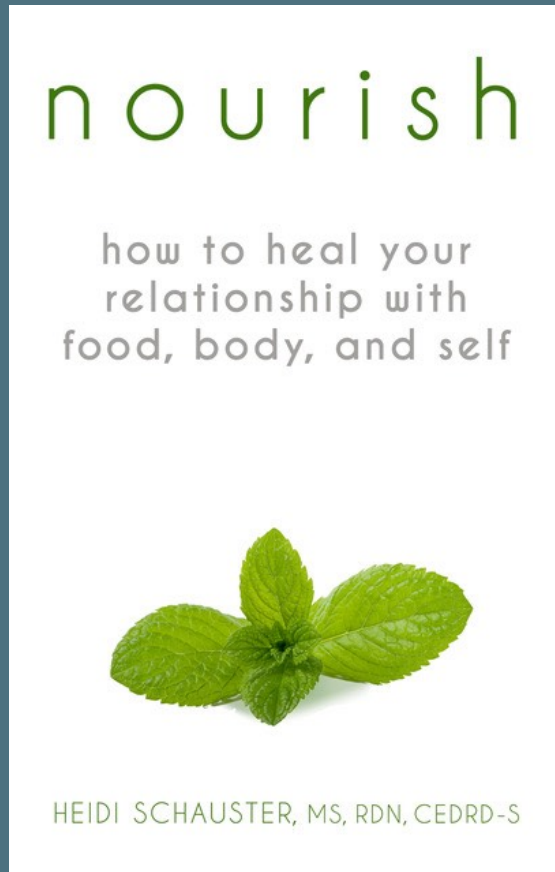
(Dietetics Practice Group of the Academy of Nutrition and Dietetics)

Collegiate and Professional Sports Dietitians Association

International Federation of Eating Disorder Dietitians



Nourish: Heidi Schauster, MS, RDN, CEDRD-S



Nourish: How to Heal Your Relationship with Food, Body, and Self

is ideal for anyone who feels they have a challenging relationship with food, whether they are working through recovery from an eating disorder or just don't feel as good about their body and eating as they would like to. Heidi Schauster writes as a professional in the field for more than two decades, as well as a person with lived experience in their recovery. Heidi often urges readers to incorporate self-love, self-care, and self-compassion in their decisions about food — instead of self-control or dieting. This sets readers free to design their own self-connected style of eating. This requires deep listening and being attuned to one's own personal needs. Heidi's ten non-linear steps throughout this book are shared with compassion, wisdom and clarity.



Introduction to Type 1 Diabetes and Eating Disorders

Women with Type 1 Diabetes (T1DM) are close to 2.5 times as likely to develop an eating disorder than women without diabetes. In addition, as many as 31% of women with T1DM report intentional insulin restriction for weight loss, and rates peak in late adolescence and early adulthood. Eating disorder behaviors often persist, become more common, and increase in severity during this time - meaning symptoms are likely worsening during the college years. Some speculate this may be because college is the first time that young people with T1DM are managing their diabetes without hands-on support from family and their diabetes treaters.

It is important to work closely with the student's diabetes treatment team to understand their diabetes regimen and health history and to collaborate with them to review blood glucose patterns and insulin protocols. In conjunction with the diabetes treatment team, the student should be empowered to establish small, realistic goals to improve diabetes-management. It is rare to find an eating disorder specialist who also understands T1DM and equally hard to find treatment programs with this specialty. The best approximation is to find eating disorder specialty care that is open to strong collaboration with the patient's diabetes team. Without this in place, symptoms can go unrecognized and/or misunderstood.

Ann Goebel-Fabbri, PhD, Licensed Psychologist in Private Practice
Assistant Professor of Psychiatry, Harvard Medical School



Introduction to Type 1 Diabetes and Eating Disorders (cont.)



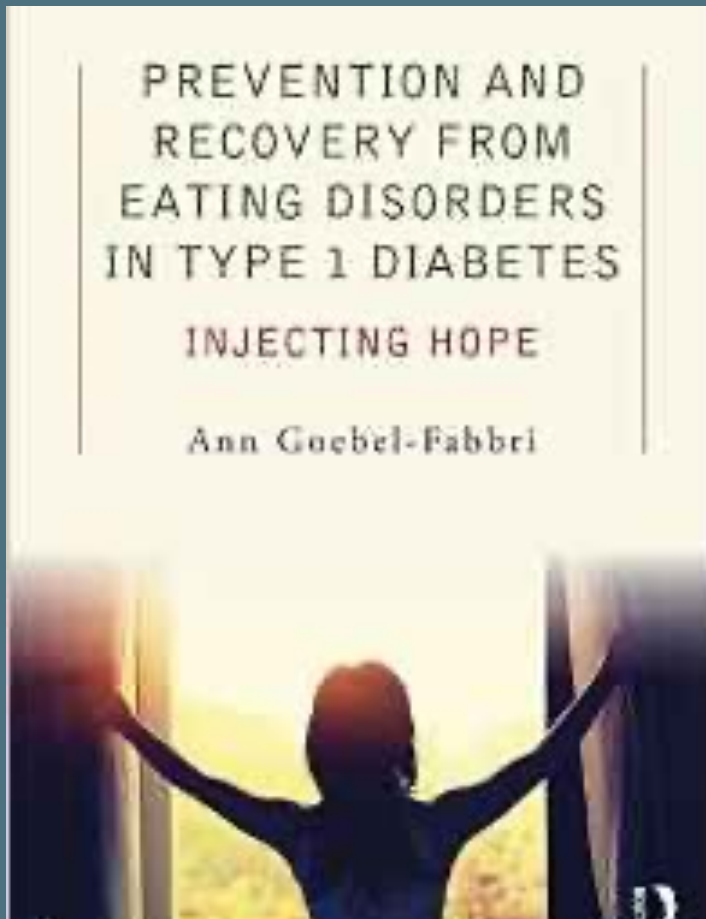
We Are Diabetes is a non-profit organization devoted to providing much needed support, education, guidance and hope to individuals living with type 1 diabetes who struggle with disordered eating behaviors. Family members and loved ones of those struggling are also welcome and encouraged to reach out to their organization.

Services offered by **We Are Diabetes** include: Referrals to credible providers and treatment centers nationwide; one-on-one mentorship and guidance through the recovery process; support for both the individual and loved ones; unique resources designed specifically for the ED-DMT1 population; and education for healthcare professionals.

The **We Are Diabetes Recovery Toolkit** was created for any individual working towards recovery from ED-DMT1 (often referred to as "diabulimia"). They have taken note of the most frequently asked questions about recovering from ED-DMT1, and with the help of contributors, have addressed those questions here in this free toolkit.



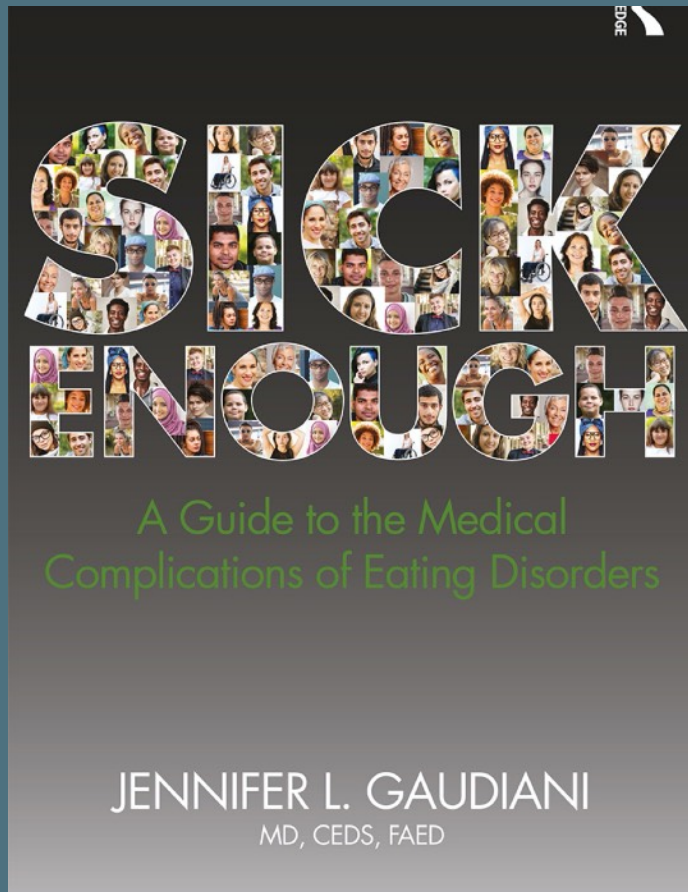
Prevention and Recovery from EDs in Type 1 Diabetes: Ann Goebel-Fabbri, PhD



Prevention and Recovery from Eating Disorders in Type 1 Diabetes: Injecting Hope sheds light on an often overlooked and misunderstood issue: eating disorders in women with type 1 diabetes – referred to as "diabulimia" and characterized by insulin restriction as a means of calorie purging for weight loss. Drawing on recent interviews and over 20 years of research and clinical experience with this unique phenomenon, author Dr. Ann Goebel-Fabbri provides groundbreaking insight into the lives of women who have recovered from eating disorders in type 1 diabetes. She explores the condition's origins, its effects on the lives of those affected, and possible paths to recovery. Also included are suggestions for prevention and treatment. This resource will be a valuable guide for patients and loved ones, diabetes treatment teams, and eating disorder clinicians nationwide.



Sick Enough: A Guide to the Medical Complications of Eating Disorders: Jen Gaudiani, MD



Patients with eating disorders frequently feel that they aren't "sick enough" to merit treatment, despite medical problems that are both measurable and unmeasurable. These individuals may struggle to accept rest, nutrition, and a team to help them move towards recovery. ***Sick Enough: A Guide to the Medical Complications of Eating Disorders*** offers patients, their families, as well as clinicians a comprehensive, accessible review of the medical issues that arise from eating disorders by sharing relatable case presentations and a scientifically sound, engaging style to the topic. Using both metaphor and patient-centered language, Dr. Gaudiani aims to improve their medical diagnosis and treatment, motivate recovery and validate the lived experiences of those with all body shapes and sizes, while firmly rejecting the dieting culture in our country.

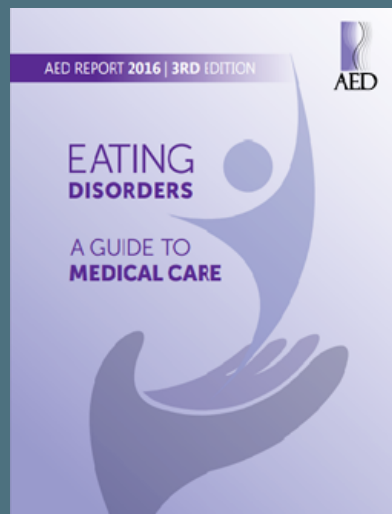


Eating Disorder Assessment

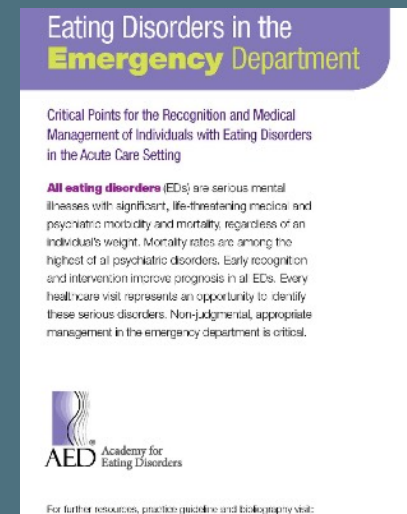
This first resource below is a description of criteria from the DSM-5 related to Feeding and Eating Disorders. The second publication is intended as a resource to promote recognition of, and risk management in the care of, those with eating disorders. Topics include: important facts about eating disorders; presenting signs and symptoms; detailed information on a comprehensive assessment; goals of treatment; timely interventions; and assistance with ongoing management. The third resource provides specific guidelines on how to best address suspected cases of eating disorders within the Emergency Department setting.

DSM – 5 Feeding and Eating Disorders	
KEEP FOR REFERENCE	
(F98.3) Child Pica (F90.89) Adult	
307.53 (F98.21) Rumination Disorder	
307.59 (F50.89) Avoidant/Restrictive Food Intake Disorder (ARFID)	
307.1 Anorexia Nervosa (AN)	
Subtypes: (F90.01) Restricting Type (F90.02) Binge-Eating/Purging Type	
Classifiers: In Partial Remission In Full Remission	
Severity: Based on BMI (adults) or BMI percentile (children/adolescents), clinical symptoms, degree of functional disability, and need for supervision: <i>MM, Moderate, Severe, Extreme</i>	
307.51 (F50.2) Bulimia Nervosa (BN)	
Classifiers: In Partial Remission In Full Remission	
Severity: Based on number of compensatory behaviors in a week, other symptoms, and degree of functional disability: <i>MM, Moderate, Severe, Extreme</i>	
307.51 (F50.01) Binge-Eating Disorder (BED)	
Classifiers: In Partial Remission In Full Remission	
Severity: Based on number of binge eating episodes in a week, other symptoms, and degree of functional disability: <i>MM, Moderate, Severe, Extreme</i>	
307.59 (F50.89) Other Specified Feeding or Eating Disorder (OSFED)	
Examples: Atypical Anorexia Nervosa Bulimia Nervosa (low frequency or limited duration) Binge-Eating Disorder (low frequency or limited duration) Purging Disorder	

DSM Criteria: 5 Feeding and Eating Disorders



Eating Disorders:
A Guide to Medical Care



Eating Disorders in the
Emergency Department



Research Findings

In this section, we've included a brief list of articles that reference prevention efforts, the importance of therapeutic alliance as well as early intervention, in addition to the following topic areas: hormones, biological/genetic factors, resources for gynecologists, risk factors, and environmental triggers.

Prevention:

- Le LK, et al. 2017. Prevention of eating disorders: A systematic review and meta-analysis. *Clin Psychol Rev.* 53:46-58.
- Watson HJ, et al. 2016. Prevention of eating disorders: A systemic review of randomized, controlled trials. *Int J Eat Disord.* 49(9):833-62.

Therapeutic Alliance:

- Graves et al. 2017. A meta-analysis of the relation between therapeutic alliance and treatment outcome in eating disorders. *Int J Eat Disord.* 50:323-340.

Importance of Early Intervention:

- Vall E, Wade TD. 2015. Predictors of treatment outcome in individuals with eating disorders: A systematic review and meta-analysis. *Int J Eat Disord.* 48(7):946-71.



Research Findings (cont.)

Hormones - Biological/Genetic Factors:

- Bulik CM et al. 2016. Genetic epidemiology of eating disorders. *Curr Opin Psychiatry*. 29(6):383-8.
- Culbert KM, et al. 2016. Hormonal factors and disturbances in eating disorders. *Curr Psychiatry Rep*. 187(7):65.
- Robinson L, et al. 2017. Eating disorders and bone metabolism in women. *Current Opinion in Pediatrics*. 29(4):488–496.

Resources for Gynecologists:

- Anderson AE, Ryan GL. 2009. Eating disorders in the obstetric and gynecologic patient population. *Obstet Gynecol*. 114(6):1353-1367.
- Kimmel MC, et al. 2016. Obstetric and gynecologic problems associated with eating disorders. *International Journal Of Eating Disorders*. 49(3):260–275.
- ACOG Committee Opinion No. 740: Gynecologic care for adolescents and young women with eating disorders. 2018. *Obstetrics & Gynecology*. 131(6);e205–e213.



Research Findings (cont.)

Risk Factors/Environmental Factors:

- McClain Z, Peebles R. 2016. Body image and eating disorders among lesbian, gay, bisexual, and transgender youth. *Pediatr Clin North Am.* 63(6):1079-1090.
- Bardone-Cone AM, et al. 2012. The inter-relationships between vegetarianism and eating disorders among females. *J Acad Nutr Diet.* 112(8);1247-1252.
- Lavender JM, et al. 2016. Examining affect and perfectionism in relation to eating disorder symptoms among women with anorexia nervosa. *Psychiatry Res.* 241; 267-272.
- Bardone-Cone AM, et al. 2017. Perfectionism and contingent self-worth in relation to disordered eating and anxiety. *Behavior Therapy.* 48;380-390.
- Trottier K, McDonald DE. 2017. Update on psychological trauma, other severe adverse experiences and eating disorders: State of the research and future research directions. *Curr Psychiatry Rep.* 19(8):45.

Future updates of outline will highlight recent research on students with eating disorders. For now, please see below for a literature review:

- Fitzsimmons-Craft, E. E., Karam, A. M., Monterubio, G. E., Taylor, C. B., & Wilfley, D. E. 2019. Screening for eating disorders on college campuses: a review of the recent literature. *Current Psychiatry Reports*, 21:101. DOI: 10.1007/s11920-019-1093-1.



Introduction to Addiction on College Campuses

The college years, while intended to be a time of learning and growth, can be profoundly damaged, even destroyed, due to alcohol or drug addiction. Today, 65% of college students use and abuse alcohol; often this comes in the form of extreme binge drinking. Approximately 21% of college students abuse drugs. The initial assessment process in a counseling center should include a thorough review of the patient's history, current symptoms, physical status, risk factors, family history and other psychiatric issues or disorders.

Counseling center directors can utilize trusted evidence-based screening tools such as *The CAGE* and *CAGE-AID Questionnaires*, which are easy to use and available at no charge. These inventories ask several questions about alcohol consumption and drug usage; the latter refers to both illegal and prescription drug use. (CAGE can also identify alcohol problems over the lifetime).

The *Alcohol Use Disorders Identification Test* (AUDIT) is a 10-item screening tool that was developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems. There is both a clinician-administered and self-report version of the AUDIT; both have been validated across genders and in a wide range of racial/ethnic groups.

If the drug or alcohol use disorder is determined to be mild in severity and the student is highly motivated to recover, outpatient or intensive outpatient treatment with a counselor and/or addiction specialist may prove successful.



Introduction to Addiction on College Campuses (cont.)

However, if the addiction is severe, there are co-morbid medical or psychiatric conditions, or if outpatient therapy has failed, residential or inpatient treatment is recommended. This may be necessary with less severe addiction when co-occurring illnesses are present, such as disordered eating behaviors, trauma or severe depression. At any level, therapy should be comprehensive; it is not enough to simply stop the intake of drugs or alcohol. For sustainable recovery, students will need to learn new coping skills and tools to practice during and after treatment.

Returning to college starts with a degree of decision-making. Recognizing that the previous environment may prove triggering, another college or university might be considered. Many colleges now have sober dorms with built-in support for those in recovery. Regardless of campus setting, a 12-step support community and sponsor are essential, in addition to a therapist well versed in treating substance use disorders. There are many other practical recovery tools students might embrace after he or she returns to school. The key is to not isolate, but remain connected.

Academic expectations might also require alteration. The student could take fewer classes in order to prioritize recovery, therapy, personal care and healthy pursuits. If a partying lifestyle figured prominently in the original college experience, returning to that world in the early days of recovery, is a clear set up for potential relapse. Most universities are rich with social/recreational options such as intramural sports, clubs and cultural events. Sober fun can be found in many new ways.

[Timberline Knolls Residential Treatment Center](#)



Treating Eating Disorders and Addiction

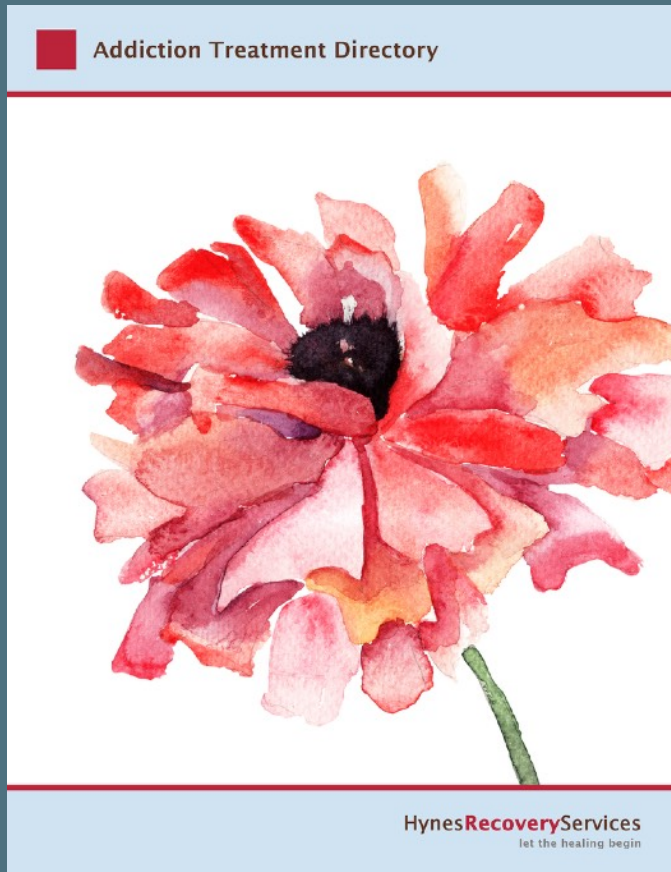
In the video clip below, **Dr. Kim Dennis**, *Founder and CEO of SunCloud Health*, highlights the importance of developing integrative treatment models for clients who may be struggling with eating disorders, addiction and/or a mental health issue.



Dr. Kim Dennis is a board-certified psychiatrist who specializes in treating addictions, eating disorders and co-occurring disorders. Her knowledge of eating disorders and substance abuse isn't just limited to her academic and clinical experience, having had her own personal experience as a woman in recovery from an eating disorder and alcoholism. Today, she is able to combine her personal journey with her medical training to help patients become emotionally strong, responsible problem-solvers, who are inspired to create fulfilling lives for themselves. She believes in and maintains a holistic perspective in the practice of psychiatry, incorporating biological, psycho-social and spiritual approaches into individually-tailored treatment plans.



Addiction Treatment Directory - Co-created by Timberline Knolls



- Personal Recovery Story
- Addiction on Campus
- Treating Addiction and Co-Occurring Illnesses
- Levels of Care
- Transition Guide
- Family Support
- University Resources
- National Addiction Partner:
Timberline Knolls / Detox Affiliate:
Advanced Recovery Systems
- Addiction Affiliates (within/outside MA)



Introduction to Athletes with Eating Disorders

Drive, passion, and determination are characteristics that enable athletes to push themselves both mentally and physically to excel in their respective sports. Athletes, especially elite athletes, are quite familiar with the concepts of sacrifice and hard work to achieve their goals. Unfortunately, some of the same personality traits that are thought to contribute to the development of a successful athlete can also be found in those with disordered eating (DE) or an eating disorder (ED).

Coaches and other athletic staff should be educated on the signs and symptoms of DE/EDs to better identify athletes in need of intervention. The NCAA 2007 guidelines for managing student mental health issues state that the individual who initially approaches a suspected athlete should be someone who is comfortable discussing sensitive issues, and who also has some authority in the sport environment. (This may be the coach or in many instances, the athletic trainer). Many collegiate athletes struggle with self-disclosure around their eating disorders for fear of losing a starting position, loss of scholarship, removal from team practices, or disappointing teammates and coaches. Therefore, the point of initial discussion around concerns for the athlete should be handled in a gentle and private manner.

Guidelines on initial intervention with athletes struggling with disordered eating / eating disorders:

- * Approach the athlete in a non-judgmental, non-accusatory manner*
- * Speak with the athlete in a private setting to minimize embarrassment or shame*
- * Focus your conversation on concern for the athlete's overall health and well-being*
- * Reinforce that the team and athletic staff are here to support the athlete throughout the entire recovery process*



Introduction to Athletes with Eating Disorders (cont.)

An interdisciplinary team with a highly collaborative approach is recommended for treatment of DE/EDs. The treatment team should consist of a physician, psychologist or psychotherapist, registered dietitian, and in the case of an athlete, may also include a physical therapist, athletic trainer, and/or coach. This team will help to bring different perspectives and expertise, while also encouraging a holistic approach to treatment. Throughout this treatment process, it can be helpful to closely involve the athlete's coach so that the individual feels supported by not just his/her family, but also his/her athletic family, which can lead to a better prognosis and cooperation with treatment recommendations. It is also quite helpful to have a treatment contract in place. This can be shared with the athlete and members of the coaching staff in order to eliminate confusion around level of activity, return to play, and other important recommendations from the clinical team.

Parents, coaches, and athletes can refer to the NCAA, NEDA and Female Athlete Triad Coalition websites for many resources around eating disorders in athletes and the Triad. In addition, NEDA has developed a toolkit to help coaches and athletic staffs create an environment that promotes healthy fueling as well as positive body image in athletes. The NCAA also has a great number of resources on approaching an athlete with an eating disorder, and potential treatment options.

Kate Ackerman, MD, MPH, FACSM and **Laura Moretti, MS, RD, CSSD, LDN**
Female Athlete Program, Division of Sports Medicine, BCH

* Click [here](#) to view references for this introductory summary (see page 5).



Collegiate Athlete: Personal Recovery Video



Personal Recovery Story of Collegiate Athlete
(Healthy Minds Network video)



Podcasts: Athlete Health & Mental Health Issues / Recovery Stories



PHIT for a Queen is a podcast devoted to female athletes wanting to have it all: performance, health, intellect and time for self. Created by Rebecca McConville, RD, CSSD and Kara Shelman, LCSW, MPH.

For researcher Traci Carson, sports were her world - she excelled at soccer, track, football, and women's rowing. But a dark side of competition prompted her to get off the field and into a doctoral program for epidemiology to study the link between female athletes and EDs. Her story of recovery and research are the focus of this episode.



This episode delves into former Seattle Mariner catcher Mike Marjama's recovery story and takes a look at how we can better equip each other to live full lives, accomplish great things, and rethink traditional masculinity. - As an aside, to view a clip of Mike's documentary, please click [here](#). Or, if interested in exploring a recovery presentation for your program and/or community, you may visit [this link](#).



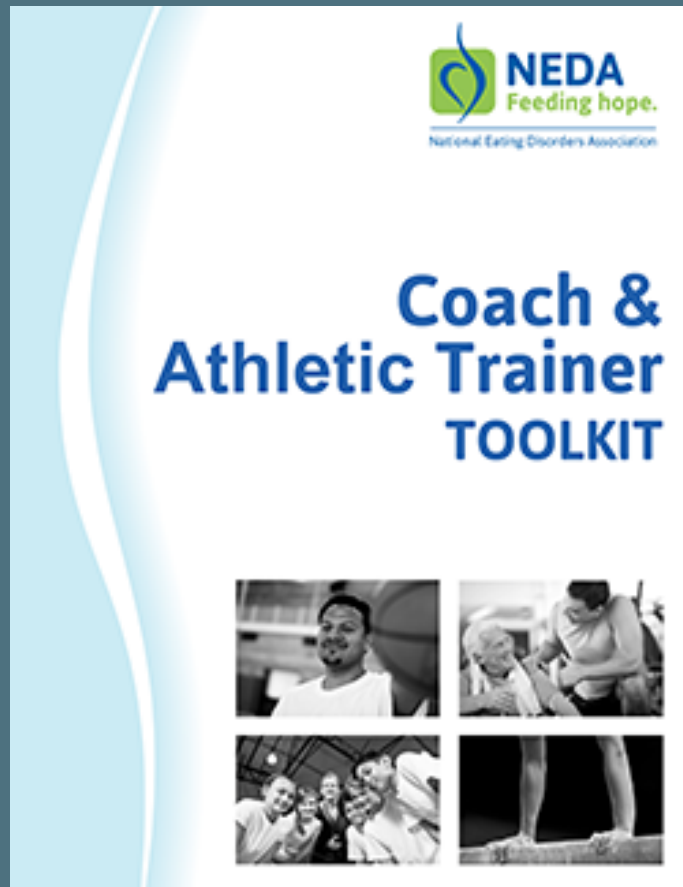
HRS' Resource Guide for Collegiate Athletes w/Eating Disorders



- Introduction: Collegiate Athletes with Eating Disorders
- Unique Risks, Policies, and Procedures
- Prevention Strategies
- Approaching a Student-Athlete About an Eating Disorder Concern
- Assessment / Screening Tools
- Athlete Consultation Team
- Treatment Options:
 - * Boston Children's Hospital - Female Athlete Program
 - * Victory Program (McCallum Place)
- Educational Resources



NEDA's Coach & Athletic Trainer Toolkit

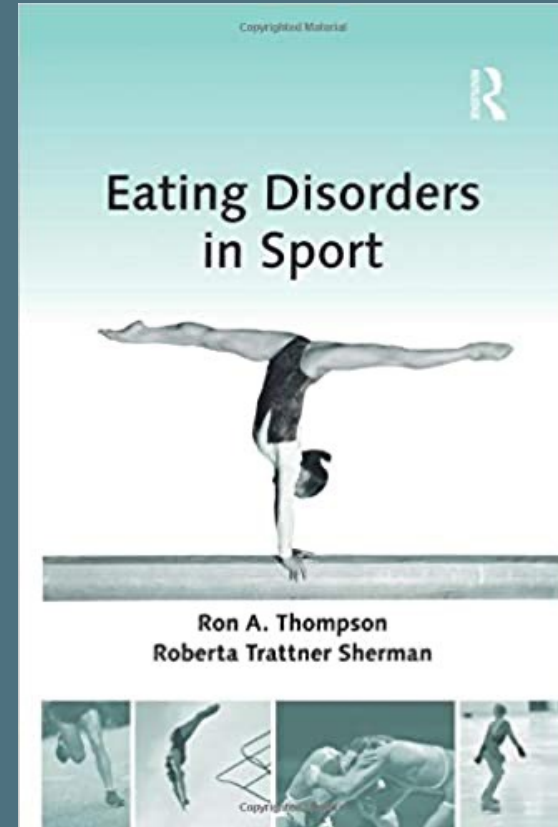


- Introduction: Collegiate Athletes
- Eating Disorder Signs and Symptoms Specific to an Athlete Setting
- Physiological Impact of ED's on Athletic Performance
- Encouraging Healthy Exercise and Training for Athletes
- Coach's Guide to Sports Nutrition
- Approaching a Student-Athlete About an Eating Disorder Concern
- Establishing Healthy Sport Environment Conducive to Recovery
- Personal Stories: (Athletes, Coaches, Nutritionists and Psychologists)



Eating Disorders in Sport: Ron Thompson, PhD and Roberta Sherman, PhD

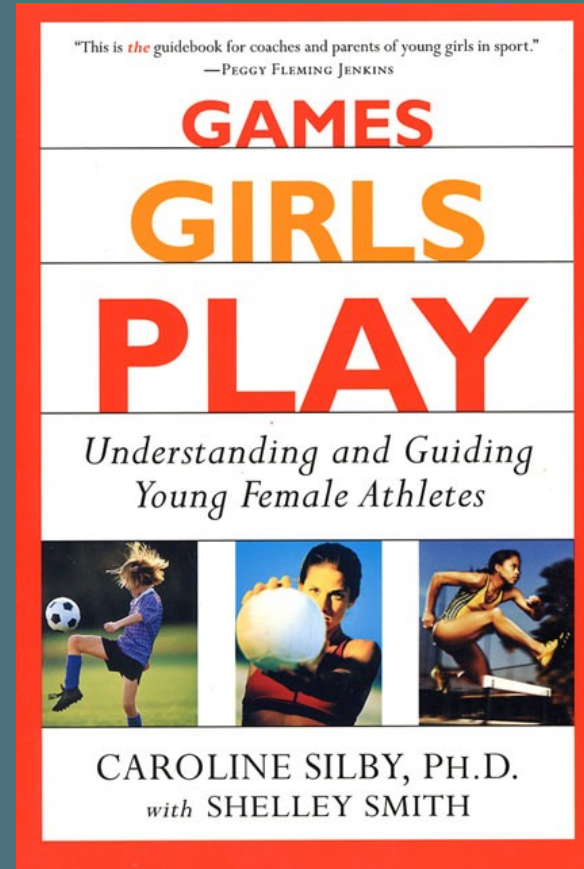
In this book, Dr.'s Thompson and Sherman draw on their extensive clinical experience when discussing how to identify, manage, treat, and prevent eating disorders in sport participants. They begin by examining the clinical conditions related to eating problems, with descriptions of several disorders and a review of the relevant literature. Special attention is given to the specific gender and sport-related factors that can negatively influence the eating habits of athletes. In the second half of *Eating Disorders in Sport*, the authors discuss in more detail the identification of those with disordered eating by reviewing symptoms and how they manifest in sport; management issues for sport personnel, coaches, athletic trainers, and healthcare professionals; treatment options; and medical concerns, such as the use of medications.



Games Girls Play: Caroline Silby, PhD with Shelley Smith

Games Girls Play gives parents advice for encouraging their daughters to participate in sports and making sure their experiences as athletes are empowering. Sports psychologist and former nationally ranked figure skater Caroline Silby prepares parents for the obstacles that female athletes face and offers solutions for handling everything from the stresses of competition, to motivation problems, to self-esteem issues, to difficult coaches, to eating disorders, and to sexual harassment.

Caroline Silby, Ph.D, holds both a Doctorate and Master Degree of Sports Psychology from the University of Virginia. She is a Sport Psychology Consultant and former Adjunct Faculty member at American University where she taught for 12 years. Dr. Silby was also a member of the National Figure Skating Team. To learn more about Dr. Silby, please click [here](#).



Athletes Connected: Support Center for Collegiate Athletes



Athletes Connected is a collaboration between three University of Michigan departments: Athletics, School of Public Health and the Depression Center. This program actively works to provide student-athletes with the tools and resources possible to support student-athletes along the continuum of wellbeing. Athletes Connected does this by promoting awareness of mental health issues, reducing the stigma of help-seeking and promoting positive coping skills among student-athletes. To learn more about the program, view the entire catalog of videos, read original stories and access helpful resources for student-athletes and non-athletes alike, click on the logo above.

On their website, there are resources for those preparing to retire from their sport or for those who have been retired and are looking for support in navigating life without sport. Also included is information on finding mental health providers, navigating insurance, normalizing life after sport experiences, and accessing resources for how to translate skills used in sport into the real world setting, among other helpful tools.

Athletes Connected maintains a quarterly newsletter which brings the latest news, updates, events and coverage of mental health from around campus and the country directly to the reader's inbox. To read past issues or subscribe to this publication, please click [here](#).



Research Articles: Athletes with Eating Disorders

The human body and mind are quite resilient and, as such, an athlete's high level of performance is not always indicative of health and wellness. Efforts to comprehensively assess an athlete's physical and psychological health, both in-season and off-season, are of paramount importance so that timely intervention and treatment can occur if needed. It is recommended to address your concerns to an athlete using a direct, compassionate, and non-judgmental approach while offering to provide referrals to qualified professionals who can provide care.

Riley Nickols, PhD, CEDS, Director of the Victory Program

Research:

Chapa DAN, Hagan KE, Forbush KT, et al. The Athletes' relationships with training scale (ART): A self-report measure of unhealthy training behaviors associated with eating disorders. *Int J Eat Disord*. 2018;1–10. <https://doi.org/10.1002/eat.22960>

Conviser, J.H., Tierney, A.S., Nickols, R. (2018). Assessment of Athletes with Eating Disorders: Essentials for Best Practice. *Journal of Clinical Sport Psychology*, 12, 480-494.

Conviser, J.H., Tierney, A.S., Nickols, R. (2018). Essentials for Best Practice: Treatment Approaches for Athletes with Eating Disorders. *Journal of Clinical Sport Psychology*, 12, 495-507.

Hazzard VM, Schaefer LM, Mankowski A, Carson TL, Lipson S, Fendrick C, Crosby RD, Sonnevile KR. Development and validation of the Eating Disorders Screen for Athletes (EDSA): A brief screening tool for male and female athletes. *Psychology of Sport and Exercise*. 2020;50:101745. doi:10.1016/j.psychsport.2020.101745



Special Populations



Resources for the LGBTQ Community

The **Consortium of Higher Education: LGBT Resource Professionals** is a member-based organization working towards the liberation of LGBTQ people in higher education. They support individuals who work on campuses to educate and support people of diverse sexual orientations and gender identities, as well as advocate for more inclusive policies and practices through an intersectional and racial justice framework.

National Queer and Trans Therapists of Color Network (NQTTCN) is a healing justice organization committed to transforming mental health for queer and trans people of color (QTPoC). Their team members work at the intersection of movements for social justice and the field of mental health to integrate healing justice into both of these spaces. To view their practitioner directory, please click [here](#).

The **American Psychological Association** has made a significant contribution to the understanding of lesbian, gay, bisexual, transgender and intersex individuals. Over the years, APA has produced many resources to educate the public, support the work of psychologists and inform public policy about LGBTI people, their daily lives and most importantly, both their health and mental health needs. Please click [here](#) to view in-depth information on all of the following topics: Addressing Bias and Discrimination; Education and Research; General Audience Resources; Marriage and Families; Policy and Advocacy concerns; and Psychological Practice. In addition, to obtain access to: **Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients**, please click [here](#).



Campus Resources for Students of Color

For college students of color, it is imperative that one's community identify resources for this campus group that are culturally sensitive. **The Steve Fund** (highlighted below) focuses exclusively on the student experience. One of their most impactful publications is the “**Mental Health Framework To Support Students of Color**”, a guide which includes ten actionable strategies colleges can utilize to bridge mental health disparities facing students on campus.

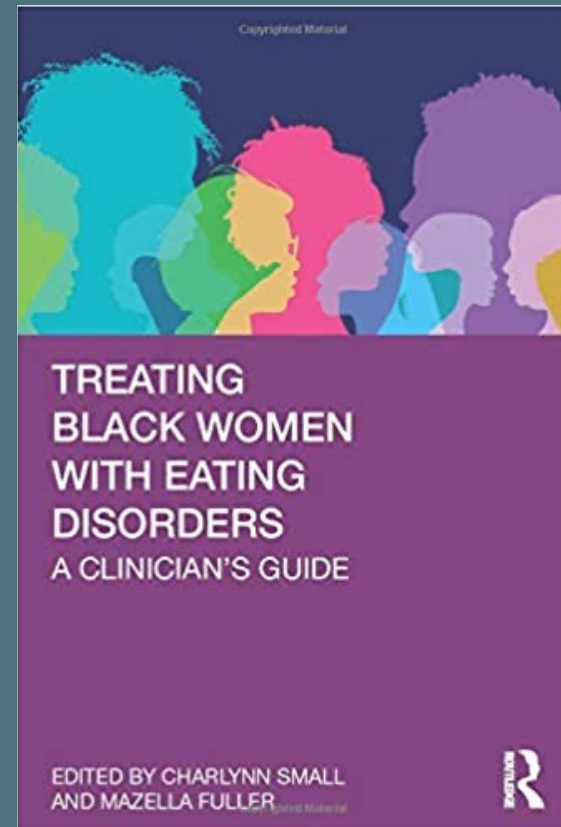


The Steve Fund is the nation's only non-profit organization focused on promoting the mental health of college and university students of color. It works with all campus stakeholders in order to: stimulate dialogue; promote effective programs and strategies that build understanding; and offer assistance regarding the emotional well-being of these students as they enter, matriculate in, and transition from higher education. This entity can also connect students with therapists of color specializing in all mental health concerns.



Treating Black Women with Eating Disorders: Editors (Small & Fuller)

Treating Black Women with Eating Disorders: A Clinician's Guide provides in-depth, culturally sensitive material intended for addressing the unique concerns of Black women with eating disorders in addition to a few comprehensive discussions as well as treatment guidelines for this population. The authors—all of whom are Black professionals providing direct care to Black women - offer a wide range of perspectives to help readers understand the whole experience of their Black female clients. This includes not only discussion of their clients' physical health but also of their emotional lives and the ways in which the stresses of racism, discrimination, trauma, and adverse experiences can contribute to disordered eating.



Males and Eating Disorders

Contrary to popular belief, eating disorders do not just affect women. It is estimated that anywhere from 10-20% of male college students are at risk. This translates into millions of college men who may be suffering from this disorder. There are many risk factors that predispose college men to developing EDs. Negative body image and body dissatisfaction are a major factor. Men with perfectionistic traits, who are achievement oriented and have a high need for control, as well as men with low self-esteem and issues with assertiveness, are also at risk. It is equally important to note that these students often exhibit symptoms of social anxiety, depression, obsessive-compulsive disorder, ADHD and/or substance abuse disorders.

While supporting college men struggling with this illness, it's useful to assess their exercise behaviors as well. It is very common for male students to use excessive exercise as a method of purging - making it difficult to fully see the gravity of the problem, as exercise is often considered a healthy behavior. However, if one is exercising to the point that it is interfering with their life, and where their self-esteem is affected by their body image, these students are at increased risk.

Research indicates that men with EDs are less likely to seek treatment for an eating disorder. Therefore, campuses must educate staff, students and the campus at large, that these issues are not exclusive to one gender. This helps de-stigmatize the shame many men feel having an eating disorder. On-campus support groups, eating concern hotlines, and guest speakers can significantly help the number of college men who are suffering in silence with these difficult, yet treatable disorders.

Roberto Olivardia, Ph.D., Harvard Medical School

Co-author of: The Adonis Complex

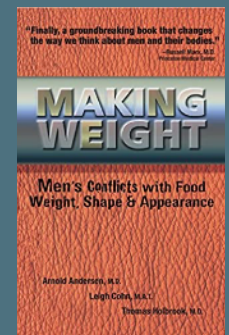
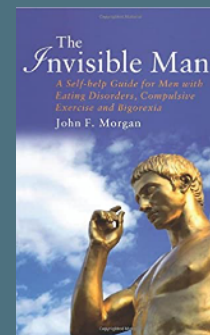
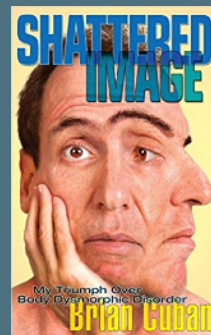
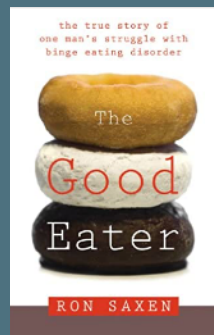
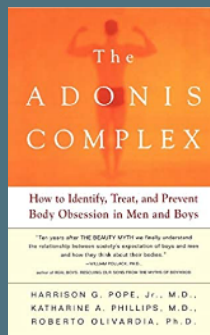


Males and Eating Disorders (cont.)

There needs to be a university-wide effort in reaching out to males on campus who may be struggling with body image and/or eating concerns. Outreach strategies need to be inclusive of men. For example, departments such as residential life programs, need to increase their training efforts with their resident assistants, so that they are better equipped to identify and intervene with their male peers in the dorm setting. In addition, counseling centers also need to become better equipped to appropriately intervene in these situations, with protocols outlining the most effective approach to treating men on campus dealing with this life-threatening illness. And finally, all campuses should have a list of resources, both on-and-off campus that can be provided to male students seeking outpatient or higher levels of care.

- Mark Warren, MD, MPH, FAED

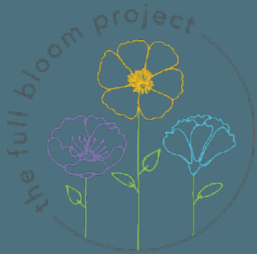
Recommended Reading for Students, Loved Ones and Treatment Professionals



*Educational Resources
& Awareness
Campaigns*

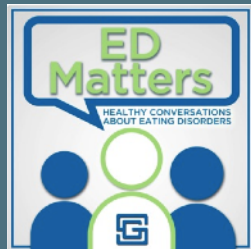


Educational and Clinical Presentations



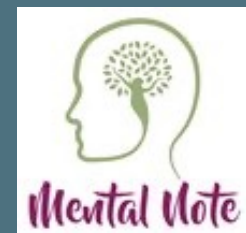
Podcast with extraordinary experts from a wide range of fields. Each episode distills everything from scholarly research to self-help books into digestible, daily parenting practices.

Empowered mental health: hosting optimistic conversations about serious mental health concerns such as major depression, bipolar disorder, eating disorders, addiction, obsessive-compulsive disorder, and schizophrenia.



Podcast where host interviews top experts, sharing information for individuals recovering from eating disorders, their loved ones, clinicians in the field, and others seeking to learn about eating disorders.

Mental Note highlights both the work and the beauty of mental health recovery. Their stories span a variety of mental illness struggles and introduce you to relatable personalities with in-depth conversations into how individuals chose health amidst daunting illnesses.



Professional Webinars

As eating disorders are complicated illnesses and challenging to treat, it is imperative that health care providers in all therapeutic settings receive ongoing training. Please see below for our assessment and intervention videos. On the following slide, there are additional webinars from some of our trusted affiliates.



The “**ED Recovery on Campus**” **Webinar Series** features nationally renowned speakers from across the country. This training initiative is designed to provide the most up-to-date information on best-practice care for college students seeking eating disorder treatment from their on-campus practitioner.

Presentations will address the following topics: assessment, screening measures, unique intervention techniques, medical complications, co-occurring substance-use disorders, referrals to higher levels of care, and case management guidelines relevant to this challenging clinical population. *(To view the entire presentation, and not the 15 minute overview, click on the slide image and then download the webinar onto your computer).*

Expert presenters: *Julie Friedman, PhD*
Jennifer L. Gaudiani, MD, CEDS, FAED
Margaret Nagib, PsyD



Webinars: Treatment Affiliates

In addition to the four part webinar series developed by Hynes Recovery Services, we contacted our affiliates to inquire about similar educational presentations being offered through their organization. For some treatment programs below, clinical staff offer “on-demand” webinars - with others, those interested may sign-up for their respective newsletter in order to receive notices on upcoming training initiatives. Please see below for a list (along with hyperlink) of several facilities providing this wonderful opportunity to learn more about eating disorders and other mental health issues.

[Eating Recovery Center](#)

[Gaudiani Clinic](#)

[McLean Hospital](#)





















[The Renfrew Center](#)

[Timberline Knolls](#)

[Veritas Collaborative](#)







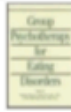



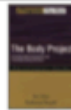
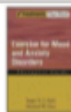




Recommended Reading: For Students and Families

Recommended Reading				
FOR STUDENTS				
				
				
				
FOR FAMILIES				

Please click on the image above to view our outline of recommended books for clients, families and their loved ones.



Recommended Reading: For Advocates & Health Care Professionals

Recommended Reading			
			
<i>Prevention of Eating Problems in Eating Disorders</i> (Michael Levine & Linda Smolak)	<i>Sick Enough: A Guide to the Medical Consequences of Eating Disorders</i> (Jennifer L. Cookstar)	<i>Prevention and Recovery from Eating Disorders in Type 1 Diabetes</i> (Ann Corbett Fabbri)	<i>The Adonis Complex: How to Identify, Treat, and Prevent Body Obsession in Men and Boys</i> (Steven Pope, Katherine Phillips & Roberto Olivardia)
			
<i>Treatment of Eating Disorders</i> (Margaret & Beth Harman McGee)	<i>Group Psychotherapy for Eating Disorders</i> (Heather Harper Guffey)	<i>Crave: Why You Binge Eat and How to Stop</i> (Cynthia Bulik)	<i>Binge-Eating Disorder: Clinical Foundations and Treatment</i> (Janis Mitchell & Carol Petersen)
			
<i>Cognitive Behavioral Therapy and Eating Disorders</i> (Christopher Fairburn)	<i>Dialectical Behavior Therapy in Private Practice</i> (Thomas Marra)	<i>The Body Project: An 8-Week Guide</i> (Eric Stice & Katherine Prentice)	<i>Finding Balance with Food: Leader Guide & CD</i> (Glorianne Rhodes)
			
<i>Nutrition Counseling in the Treatment of Eating Disorders</i> (Marta Herrin & Maria Larko)	<i>Exercise for Mood and Anxiety Disorders</i> (Michael Otto & A.J. Smits)	<i>Cutting: Understanding and Overcoming Self-Mutilation</i> (Steven Levenkron)	<i>Self-Harm Behavior and Eating Disorders</i> (John Levent & Randy Serfaty)
			
<i>Sexual Abuse and Eating Disorders</i> (Mark Schwartz & Leigh Cohen)	<i>Eating Disorders in Spain</i> (Ben Thompson & Roberta Sherman)	<i>Treatment Manual for Anorexia Nervosa: A Family-Based Approach</i> (James Lock, David LeGrange, W. Stewart Agras & Christopher Dare)	<i>Treating Bulimia in Adolescents: A Family-Based Approach</i> (David LeGrange & James Lock)

Please click on the image above to view our outline of recommended books for advocates and health care practitioners.



“ED Recovery on Campus” Campaign



Our **mission** is to become the premier advocacy organization related to body image disturbances and eating concerns within the university community.

Our **vision** is to support college students in any stage of the recovery process, while simultaneously providing guidance to university staff in the role of identifying, assessing, and/or treating college students with eating disorders on their respective campus.

“It is an incredible honor to be part of a collegiate initiative that is dedicated to helping students in recovery. In my role as the National Collegiate Recovery Spokesperson, I will be using my voice to help further advance what is currently available and inspire those in recovery to create a movement of support on their campuses.”

- Allison Kreiger Walsh, JD



Join Our Efforts!



*We need the community's help to further our organization's efforts involving campus-based initiatives. **Your support is critical** - let's all work together in providing guidance to not only the students in crisis, but the entire university community as well.*



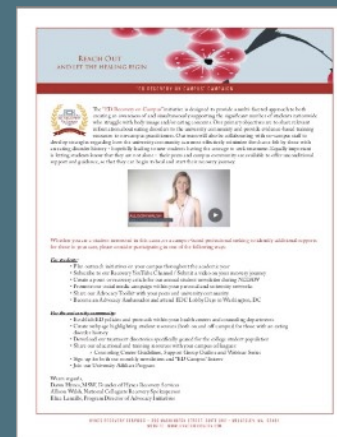
Participating in our Awareness Campaign

Hynes Recovery Services created the **“ED Recovery on Campus”** campaign to not only address the lack of support for those in crisis, but also the crucial need for on-campus practitioners to receive guidance on how they can most effectively treat this challenging student population.



If we all work together, we can significantly increase the awareness of this important issue throughout the university community, while also sharing with practitioners the most up-to-date and effective treatment approaches currently available in the eating disorder field.

There are numerous ways to participate - writing articles for our newsletter, creating a webinar, sharing a video blog with our student community and so much more! (Click on the image to the right for an outline of ways students and/or the university community can participate in this on-campus recovery campaign).



Participating in our Awareness Campaign (cont.)

How can I become involved in this important initiative?

SHARE YOUR STORY

PROMOTE "ED RECOVERY ON CAMPUS" CAMPAIGN

BECOME A UNIVERSITY AFFILIATE

JOIN OUR ADVOCACY PROGRAM

SIGN-UP FOR NEWSLETTER

Awareness campaigns can be quite impactful, whether it's a small body image initiative on campus or a national program viewed by millions. Regardless of size, your presence and passion for this cause can be life-changing for both you and the community you are supporting. Please consider joining us - and/or other awareness campaigns that are personally meaningful to you and your peers. A few of our favorites are:

BeVocal

NAMI's "stigmafree" Campaign

Seize The Awkward

National Eating Disorders Awareness Week

World Eating Disorders Day



National Advocacy Initiatives

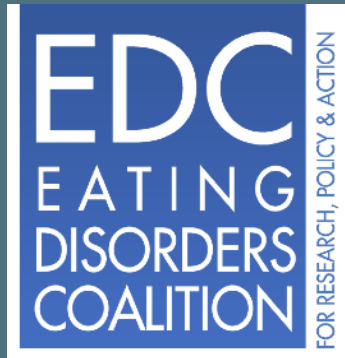
Founded by former Congressman Patrick J. Kennedy (D-R.I.), **The Kennedy Forum** leads a national dialogue on transforming the health care system by uniting mental health advocates, business leaders, and government agencies around a common set of principles, including full implementation of the Federal Parity Law.



Insurer violations of mental health parity laws can take many forms, including placing limits on how long and how often patients can receive care, providing insufficient networks of mental health providers, and more. Most people are unaware that a parity violation has even occurred. If you know what to watch out for, you will be better equipped to assert your rights.



National Advocacy Initiatives (cont.)

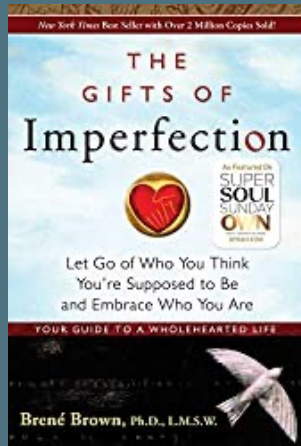


The EDC advances the recognition of eating disorders as a public health priority throughout the country. Their specific goals are to: raise awareness among policy makers and the public at large about the serious health risks posed by EDs; promote federal support for improved access to care; increase resources for education, prevention, and improved training; increase funding and support for scientific research; and to mobilize citizens to advocate on behalf of those with eating disorders, their families, and professionals.

The EDC brings advocates together once a year for national Advocacy Days to educate Members of Congress and push for important policy goals. Consider joining them on Capitol Hill where you can influence federal policy and make a difference in the lives of those affected by eating disorders. On the morning of Lobby Day, advocate teams will teach you about lobbying and how to share your story in a way that leaves a notable impact on Congressional representatives.

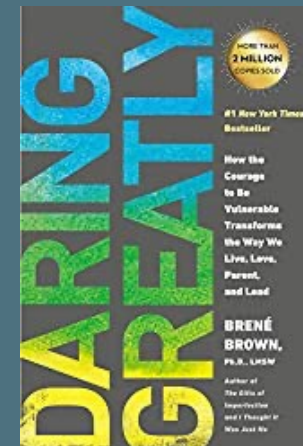


Recommended Books for Self-Discovery



In *The Gifts of Imperfection*, Brené Brown introduces us to the notion of Wholeheartedness, identifying 10 factors present in the lives of wholehearted people. Each factor is referred to as a guidepost. Brown believes we are enough for each other “as is”. We’re imperfect, but still we are worthy of love and we should all have a place to which we belong. It is by embracing this imperfectness that is intrinsic to all of us, that we can live a full, if not completely stress-free, contented life.

Daring Greatly is about courage - in a world where “never enough” dominates and feeling afraid has become second nature. Without question, putting ourselves out there means there’s a far greater risk of feeling hurt. But when we step back and examine our lives, we will find that nothing is as uncomfortable as standing on the outside looking in and wondering what it would be like if we had the courage to be fully present in our lives. *Daring Greatly* is a practice and a powerful new vision for letting ourselves be seen.



Recovery Playlist


Special thanks to the members of my Berklee College of Music support group for sharing the songs below. (This music outline is also found on HRS' [Spotify webpage](#)). Their vision was to create a list of songs which would be inspirational to other students throughout their recovery journey.

- * *Beautiful: Christina Aguilera*
- * *Brave: Sara Bareilles*
- * *Carry On: fun*
- * *Control: Zoe Wees*
- * *Fight Song: Rachel Platten*
- * *"Friends" Theme: The Rembrandts*
- * *Keep Holding On: Avril Lavigne*
- * *Lean On Me: Bill Withers*
- * *Let It Be: The Beatles*
- * *Rainbow: Kacey Musgraves*
- * *Recover: Natasha Bedingfield*
- * *Rise Up: Andra Day*
- * *Skyscraper: Demi Lovato*
- * *Stand By Me: Ben E. King*
- * *Stronger: Kelly Clarkson*
- * *The Whole of the Moon: The Waterboys*
- * *This Little Light Of Mine: Addison Road*
- * *Try: Pink*
- * *Unwritten: Natasha Bedingfield*
- * *Warrior: Demi Lovato*
- * *What Makes You Beautiful: One Direction*
- * *You Say: Lauren Daigle*

**"Music speaks what cannot be expressed, soothes the mind
and gives it rest, heals the heart and makes it whole, flows
from the heaven to the soul."**

- Author Unknown



A photograph of a wooden boardwalk with a railing, curving along a body of water at sunset. The sun is low on the horizon, creating a warm, golden glow. The boardwalk is made of wooden planks and has a dark wooden railing. The water is calm, reflecting the sunset. In the background, there are hills or mountains under a hazy sky.

*"Owning our story
can be hard but not nearly
as difficult as spending our
lives running from it. Embracing
our vulnerabilities is risky but not
nearly as dangerous as giving up on love
and belonging and joy—the experiences that
make us the most vulnerable. Only when we
are brave enough to explore the darkness will we
discover the infinite power of our light." - Brené Brown*





***Dawn Hynes, MSW** holds a Master's Degree in Social Work from Washington University in St. Louis. She is a passionate advocate dedicated to making eating disorder treatment accessible to more people and providing practitioners with state-of-the-art training and resources. For the past 25 years, Dawn has been active in eating disorder recovery work as an advocate, clinician, and volunteer. She has trained staff, developed clinical manuals, and worked with groups and individuals at Boston Children's Hospital and Laurel Hill Inn's Residential Treatment Program.*

As a volunteer, she has helped thousands of families nationwide find resources and treatment referrals, created and distributed comprehensive eating disorder manuals to organizations nationwide and has also worked with a team of clinicians helping both celebrities and Olympic athletes connect to treatment.

*Dawn founded **Hynes Recovery Services** out of the significant need to provide college students and their families with the tools and resources necessary to maintain recovery while also attending college. In addition, through the College Assistance Program (CAP Program), she provides ongoing support to high school students during the often challenging transition period from high school to college.*

To learn more about *Hynes Recovery Services* and/or the *Cape & Islands Family Support Network*, please contact Dawn Hynes, MSW at: Dawn@HynesRecovery.com.



The Carolyn Costin Institute
Training and Certification for Coaches
carolyncostin.com



CCI is filling a much-needed gap by rigorously training, supervising and **certifying eating disorder coaches** to provide an adjunct to traditional treatment services.

Coaches are trained to work in conjunction with the client's treatment team, assisting with the practical, hands on aspects of recovery in the client's day to day life.



In essence, eating disorder coaches provide support that licensed treatment professionals cannot provide due to time constraints or ethics.

Coaches offer services such as:
ongoing text support,
assistance with meals and snacks,
grocery and clothes shopping, cooking,
attending social functions,
or even,
spending time at the client's home
during transitions, such as when leaving
inpatient or residential treatment.



WHAT DOES AN EATING DISORDER COACH DO?



HELP CLIENTS WITH DAY- TO-DAY STRUGGLES

Coaches can support clients in situations where it's not feasible for the client's treatment team.



PROVIDE MEAL SUPPORT

The Carolyn Costin Institute trains coaches to provide various meal support services, including restaurant outings, grocery shopping, in-home cooking, and more.



ATTEND SPECIAL EVENTS

Clients, or their loved ones, can hire coaches to attend special events such as weddings, or even vacations, where extra guidance and support may be needed to help the client abstain from eating disorder behaviors.



PROVIDE SUPPORT AT HOME, WORK OR SCHOOL

Coaches meet clients on their lunch break at work or at school and can even spend time as live-in assistants helping clients transition home after treatment or during difficult times.



WORK WITH THE CLIENT'S TREATMENT TEAM

CCI trains coaches how to best work with each client's treatment team, assisting the client in following through with the agreed upon goals.

To learn more, visit:
www.CarolynCostinInstitute.com



CCI Coaches are trained to focus on the here and now, helping clients accomplish tasks and change behaviors in real time.

Coaches do not not diagnose, provide “treatment” or prescribe meal plans.

CCI Coaches are taught how to avoid discussing underlying issues or the causes of the eating disorder.

Although many coaches have recovered from an eating disorder themselves they are **different from mentors**. Mentors have “lived experience” but are minimally, if at all, trained, and volunteer support to those still suffering.

COMPARING THE TWO TYPES OF SUPPORT	
THERAPY	COACHING
Can diagnose and 'treat' eating disorders.	Does not diagnose conditions or treat them. Instead, helps support the work and goals of the client's clinicians.
Can diagnose and treat other co-morbid issues (e.g. depression, anxiety, substance abuse, etc.).	Refers to the therapist for treatment of any co-morbid issues (e.g. depression, anxiety, substance abuse, etc.).
Therapists are trained to help clients work on underlying issues exploring WHY the eating disorder might have developed.	Coaches are trained to work only on the “here and now” helping the client accomplish day-to-day behavior challenges.
Therapy sessions are generally one hour and take place in an office setting.	Coaching sessions can be held anywhere, anytime the client needs them – in the home, at the grocery store, in a clothing store, at work, school and restaurants, and coaches can be hired for 24/7 live-ins.
Therapists are in charge of ongoing assessment, establishing treatment goals and carrying out the overall treatment plan.	Coaches assist clients in accomplishing established treatment goals.
www.CarolynCostinInstitute.com	



Professional Testimonial

“I have been utilizing Carolyn Costin certified coaches for several of my clients that require more services than I have the time to provide.

I have been impressed with their commitment, knowledge, communication and overall care. Even when having to use video conferencing they have been able to have meals with clients, cook with them and provide meal support services. Coaches contacted me weekly to help set appropriate meal or food challenges and for client updates.

It is wonderful to know that I do not need to be the one present for every snack or meal challenge. I plan to utilize them whenever needed, whether in person or by video.

What a great asset for my practice!”

Debra Landau-West M.S., R.D.



Resources on Eating Disorder Coaching and Certification



FAQ video: <https://www.youtube.com/watch?v=pwSeDeuBbpk>

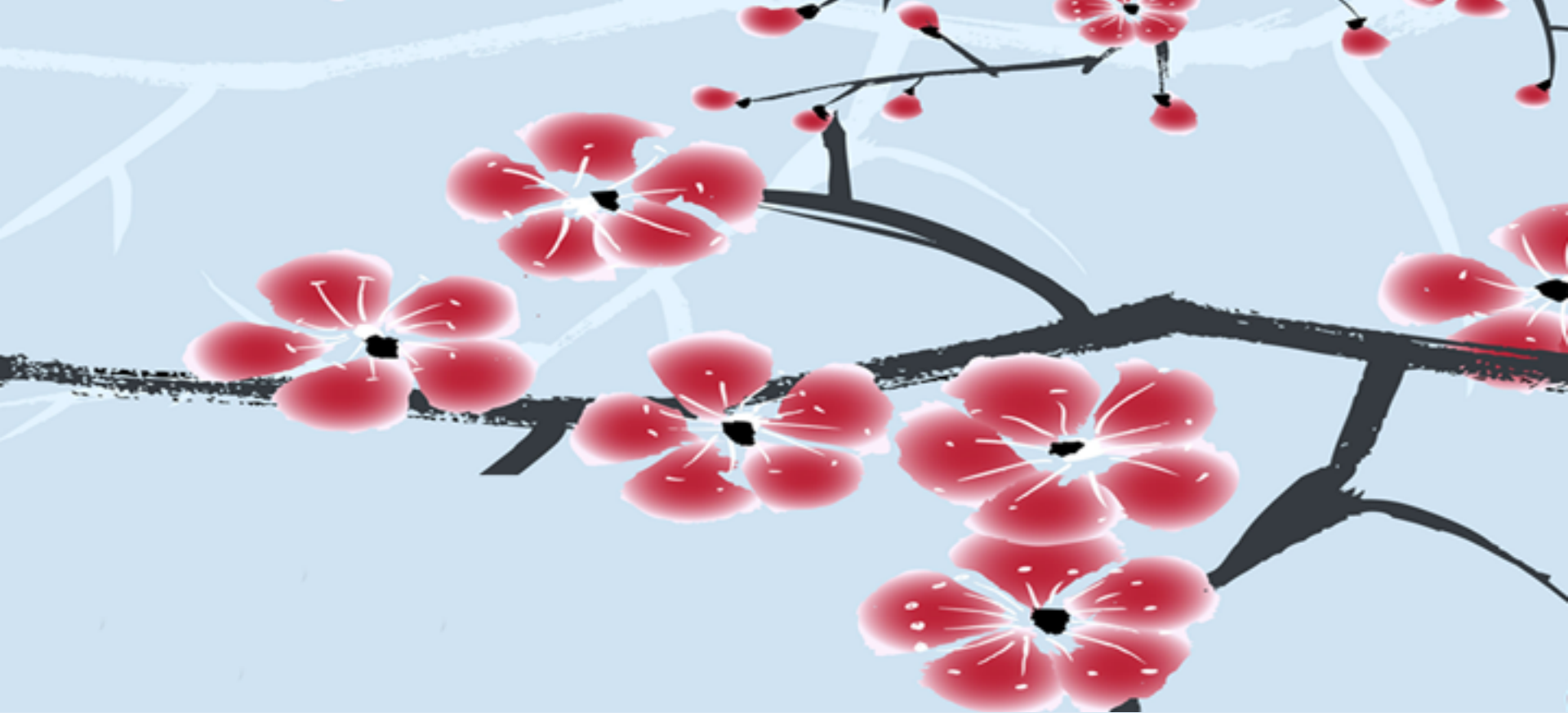
Coaching course preview:

<https://www.youtube.com/watch?v=q5uhbYBIICE>

Link to the coaching page on Carolyn's website:

<https://www.carolyn-costin.com/coaching>





Hynes**Recovery**Services

let the healing begin