Promoting a Non-Diet, Weight Inclusive Campus: Implementation of an Eating Disorder Prevention Model

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NASPA Strategies 2020
Total Enrollment
14,600 total students
9,400 undergraduate students
4,600 graduate & professional students

Undergraduate Student Body
53% female students
47% male students
34% AHANA (persons of African-American, Hispanic, Asian or Native American heritage)
8% international students

Division of Student Affairs
• Office of the Vice President
• Dean of Students
• Residential Life
• AHANA Intercultural Center
• Career Center
• Robsham Theater
• Student Involvement
• Health Services
• Health Promotion
• Counseling Services
• Women’s Center
Office of Health Promotion

General Health
- Health Coaching
- Let’s Talk Health
- Wellness Screenings

Nutrition Education and Counseling
- Nutrition Appointments
- Body Project
- Health Coaching

Alcohol and Drug Education and Support
- Intervention Programs
- Prevention programs
Learning Objectives

Attendees will gain an understanding of:

▷ Eating disorders and their impact on student health
▷ Innovative approaches for eating disorder prevention
▷ The capacity of the university in the treatment and maintenance of eating disorder recovery
▷ How weight inclusive and non-diet messaging can be utilized throughout campus programming to promote healthy body image and relationship with food
▷ One cross collaborative opportunity on your campus to reduce eating disorder prevalence
Genetics loads the gun and the environment pulls the trigger.

- Jessica Setnick, MS, RDN, CEDRD

Hierarchy of Eating Disorders

Rogers, Melanie, MS, RDN, EDPRO Conference 2018
AN is 3rd most common chronic disease

10x risk of dying from AN

Males who are gay are 7x more likely to binge and 12x more likely to purge.

BED more common than HIV, breast cancer

10-35% of college students have clinical EDs

https://www.nationaleatingdisorders.org/statistics-research-eating-disorders
Risk Factors

- Body dissatisfaction, subclinical ED behaviors, internalization of appearance ideal, negative affect, eating and exercise behavior
- In a large study of 14- and 15-year-olds, those who dieted moderately were 5x more likely to develop an ED, and those who practiced extreme restriction were 18x more likely to develop an ED than those who did not diet.
- Youth Risk Behavior Survey (2009) revealed high school student behavior:
  - 39.5% ate less food, fewer calories, or low-fat foods
  - 61.5% exercise for weight management
  - 10.6% did not eat for 24 or more hours
  - 5% took diet pills, powders, or liquids without a doctor’s advice
  - 4% vomited or took laxatives
- Traditional undergraduate years coincide with median age of onset for ED.

Poor QOL
Inability to focus on academics
Lack of self-care
Social life suffers
Unable to work perform athletics/recreation
Career challenges
Medical Complications
Psychological instability
Increased suicide risk
Death

Family
Friends
Roommates
Academic Faculty
Residential Life
Disability Office
Health Services
Counseling Services
Productivity
Off-campus jobs/internships
Future connections
BC EATING DISORDER PREVENTION MODEL
It is 17 days into January, and I have already lost X lbs by eating low-carb this month. I’m always hungry, but my jeans fit better.
A diet is a cure that doesn’t work, for a disease that doesn’t exist.

- Sara Fishman and Judy Freespirit
  - Taken from ‘The F* It Diet’ by Caroline Dooner
Some research...

▷ Except at statistical extremes, amount of body fat only weakly predicts longevity.
▷ Dieting is the #1 predictor of future weight gain and weight cycling. Weight cycling is associated with higher risk of chronic disease.
▷ Weight should increase until at least 20 years old.
▷ **Weight stigma leads to less use of medical care, and thus, poor health outcomes.**

NEDA Collegiate Survey Project, 2013.
Nutrition Philosophy for Health Promotion
A healthy university creates a learning environment that enhances the health, well-being, and sustainability of its community and enables people to achieve their full potential.
## Health Promoting Approach to Well-Being

<table>
<thead>
<tr>
<th>Proactive vs. Reactive</th>
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<tbody>
<tr>
<td>● Promoting mental health and holistic well-being in addition to mental illness treatment</td>
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<tr>
<td>● Illness/Wellness continuum</td>
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<table>
<thead>
<tr>
<th>Coaching vs. Counseling</th>
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<tr>
<td>● Part of a continuum of care</td>
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<tr>
<td>● Not promoted as “instead of counseling” but complementary to other health and wellness services</td>
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<table>
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<tr>
<th>Grounded in...</th>
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<tr>
<td>● Motivational Interviewing, College Public Health, Positive Psychology, Student Development Theory, Coaching Tenants, Cultural Competency</td>
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Promotion

- Let’s Talk Health
- Health Coach Institute
Health Coaching

- Health Education
  - Research/Data
  - Key Messages
- Coaching Processes
  - Motivational Interviewing
  - Behavior Change
  - Spirit of Coaching
- Coaching Structures
  - Individual
  - Group
  - Outreach
Intuitive Eating (IE)

- Flexible pattern of eating, giving full permission to eat mostly in response to internal hunger and satiety cues rather than in response to emotional or situational cues.
  - Freedom to choose foods based on appeal and value in meeting bodily needs rather than strict rules about “good” or “bad” foods.
- Negatively associated with disordered eating and dieting
- Positively associated with psychological and physical wellbeing, body image.
- Research supports IE as effective intervention for reducing dieting attitudes and behaviors.
  - Educational approaches have been shown to reduce dieting behaviors and body image

Bruce L.J, Ricciardelli L.A. Appetite 96 (2016)
Healthy at Every Size (HAES)

- Paradigm that emphasizes weight inclusivity, health enhancement, respectful self care, eating for well-being and exercising for intrinsic reasons.
- Study of college course “Health at Every Size: A Non-diet Approach to Wellness”
  - Goal to assess changes in IE, hunger and satiety cues, body esteem, and attitudes toward body, dieting, and fat phobia.
  - Students placed into HAES course (n=45), 3 non-diet approach to weight management lectures (n=66) or basic nutrition class (control, n=46).
  - Reduced dieting and improved Intuitive Eating, body esteem and fat-phobia among intervention group.
- Teaching HCs this paradigm provides answer to weight stigma and diet culture.

1. Eat intuitively: Give yourself permission to eat any food when you’re hungry.

2. Weight is Not Worth: Who you are isn’t dedicated by your body size or shape.

3. Eat Whole and Fun Foods: Get a variety of foods ranging from veggies to dessert, each day.

4. Get enough fuel: This means 3 meals and 2-3 snacks for college students.
Prevention Programming
ED Prevention

- Sociocultural, interpersonal, and personal factors that head off entirely the occurrence of a disorder or substantially delay its development.

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<tr>
<th>Universal</th>
<th>Selective</th>
<th>Indicated</th>
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<tr>
<td>Change cultural attitudes &amp; practices, public institutions and social policies</td>
<td>For groups of at risk individuals, seek to change developmental etiologies</td>
<td>For high or very high risk individuals, including those with disordered behaviors</td>
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- Theory → Risk factors → Implications → Design → Efficacy & Effectiveness

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<tr>
<th>Psychoeducation</th>
<th>Target Supposed Risk Factors (RFs)</th>
<th>Interactive, Target Established RFs</th>
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| ● Defined in multiple ways  
● Meta-analyses show it is not effective in preventing body dissatisfaction and eating problems in 12-17 yo individuals  
● May be helpful for college students | ● Self-esteem, negative effect of peers, resilience, sociocultural pressures  
● Using media literacy (i.e. Media Smart) | ● Body dissatisfaction, negative affect, eating and exercise behavior, subclinical EDs, BMI >30  
● Cognitive & behavioral interventions:  
  ○ I.e. Body Project, Healthy Weight, Project Health, Student Bodies |

47% of BC students have restricted food to lose weight in past year

88% of BC students body check

67% of students report their mood is influenced by body image

64% of students exercise to burn calories

*Nutrition Needs Assessment, 2018, n=677.*
- Let’s Talk Nutrition
- iNourish Programming
- iHP appointments
- Body Image & Nutrition Talks
- Balanced Plate Model & BC Dining

Graphic designed by Jack McClelland.
What did you learn and how can you continue to incorporate this into your daily life?

I learned that holding onto clothes that do not fit is an unhealthy way to see my body and myself. I have grown in so many ways during college, and these clothes were holding me back from seeing who I am and how many good changes have occurred in my life.

I just realized how often I engage in "body checking" and how it affects my mood. I have begun to make myself say nice things about my body after I do the body checking.

The most useful information for me was to eat regularly. I usually had 2 meals a day and I realized it added to a lot of my tiredness and weakness.

I learned to think of exercise in a positive way instead of just a way to burn calories. This way, I will be more motivated to enjoy a nice walk or run instead of forcing myself to go to the gym. I think it’s all about changing the mindset.
Balanced Eating at Boston College

Fun Foods
- French Fries
- Desserts
- Chips
- Fries
- Candy

Social
Non-Starchy Vegetables & Fruits
- Tossed salad with vinaigrette
- Vegetables roasted in olive oil
- Fresh and Dried Fruits

Mindful
Sustainable
Cultural
Flavorful
Satisfying

Grains & Starchy Vegetables
- Rice, quinoa, oats, barley
- Pasta, Cereal, Bread with Avocado
- Potatoes, Peas, Corn, Butternut Squash

Make Whole, Intact Grains the New Norm

Proteins
- Fish and Shellfish (salmon, shrimp)
- Eggs
- Meat and Poultry
- Legumes (beans, lentils, peanuts)
- Soy (tofu, edamame)
- Dairy (yogurt, cheese)
- Nuts, Seeds and Nut Butters

Serve Less Red Meat, Less Often

* Dietary Fats are part of a balanced plate

** This plate is meant for a moderate eater. If doing one or more hours of exercise most days, an individual needs to consume more grains & starchy vegetables.
Prevention

**Selective**

- The Body Project
- Intuitive Eating Group
- Coaching
- BC Recreation Screening
- Training of Faculty/Staff on ED/DE
- 1:1 Body Image Conversations
Think of a time when your body image was positive. What brought that about?

Review what body image is with client. What behaviors do you avoid as a result of your body image?

What strength will you use? How confident are you?

Write down a goal to help improve body acceptance.

Share your story. What brings you here today?

Mayo School of Health Science, 2013.
Intuitive Eating Group Coaching

**ENGAGE**
Share your story. What brings you into IE Group coaching today?

**EXPLORE**
Think of a time you did something intuitively. What was that, and what strength did you use?

**EDUCATION & ENVISION**
How Has Dieting Interfered?: What about life do you put on hold before you lose weight?

**EXPERIMENT**
Using IE worksheet, write down goal to Get Rid of Tools of Dieting.

**EVOLVE**
What strength will you use? How confident are you?

Mayo School of Health Science, 2013.
Body Project

▷ Cognitive-dissonance based model founded on dual-pathway theory

▷ 4 hour session provided by clinicians or trained peers to female-identified students

▷ Efficacy RCTs have shown college-aged women in BP group had greater decreases in body dissatisfaction at 2 year follow up and ED symptoms at 3 year follow up vs controls
  ○ 60% reduction in DSM-IV ED over 3 years in 14-19 yo females compared to assessment only control

▷ Results replicated by independent researchers

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<th>BC Body Project Data</th>
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<tr>
<td><strong>Effect size</strong></td>
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<tr>
<td>Thin Ideal Internalization</td>
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<tr>
<td>Dietary Restraint</td>
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<tr>
<td>Body Dissatisfaction</td>
</tr>
<tr>
<td>Negative Affect</td>
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<tr>
<td>ED Symptoms</td>
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n=30
The biggest take-away from the body project was that I am not alone in my struggles. There are women all over campus who have similar thoughts and experiences as me. It is reassuring to know that I am not alone and that I can reach out for support to other women on campus to troubleshoot ideas to challenge negative body thoughts.

I've been listening to my body - eating what I want when I want and exercising the way I want to. I've also become more aware of the negative body talk that gets thrown around during everyday life. I think awareness is the first step toward change.

One of the biggest changes I have made is not letting a bad body image day sabotage the way I treat my body. **Even if I don't like my body, I still need to provide it with energy and cannot torture it with excessive exercise.** I cannot sacrifice sleep, showering, or social time just because I am uncomfortable with my body. When I am having negative body thoughts, I try to think about what I would tell a younger girl who was having these thoughts.
- Nutrition Counseling
- The Body Project
Nutrition Counseling

▷ Make nutrition counseling accessible to all. Prevention is for all students.
▷ Assessment of eating and exercise behavior, and body image, is key.
▷ **Tools:** Balanced Plate Model @ BC, IE Workbook, Body Image Cards, Body Kindness®️, Thomas Cash’s Workbook, supervision, etc.
▷ Utilize University-wide Guidelines for Students with Eating, Exercise and Body Image Concerns
▷ Provide referrals to on and off-campus resources including HLOC
▷ Be a strong advocate on and off-campus for education and cultural change
  ○ Promote weight neutral messaging across campus

*Body Kindness, [Rebecca Scritchfield](https://www.bodykindness.com)*
*Body Image Cards from [Fiona Sutherland and Marci Evans](https://www.bodyimagecards.com)*
Treatment and Maintenance Strategies to Support Students
TREATMENT

- Nutrition Counseling
- Food, Mood & Health Group for students with BN & BED
- University-Wide Guidelines for Care
- Involuntary Leave of Absence Policy

MAINTENANCE

- Nutrition Counseling
- University-Wide Guidelines for Care
- Dean of Student Involvement
Guidelines for Students with Eating, Body Image and Exercise Concerns

▷ Effort to standardize response to students in need, aid staff
  ○ Combined with training for clinical staff
▷ Provide students with understanding that this is a serious issue
  ○ Student provides consent or opts out
▷ Utilized other policies and best practices as guide posts:
  ○ COPE Guidelines from Indiana University
  ○ UPenn Eating Concerns Team
  ○ Loyola University Chicago EDAT Guidelines
  ○ APA Guidelines
  ○ AED Guidelines
▷ Only one step in process...
  ○ Training for non-clinicians
  ○ Recommended levels of care based on signs/sxs
Supporting Students in Recovery

▷ Require meetings with appropriate individual(s) on campus
  ○ Student Outreach and Support
  ○ Provide disability accommodations when indicated
  ○ Follow up regularly with student and treatment team
  ○ Make sure all members of team are trained in ED treatment
▷ Identify other members of student’s team
  ○ Coaches, RAs/RDs, professors, etc.
▷ Hold the line
  ○ College is not a treatment program
▷ Recognize college can be a very triggering environment
  ○ Have a safety plan for student
Key Takeaways

Eating Disorder Basics
EDs are the most deadly psychological illness and age of onset falls squarely in the college years.

BC ED Prevention Model
The model is a continuum and includes health promotion, prevention, treatment and maintenance.

Health Promotion Strategies
Enhances the learning environment and well-being of students to promote a weight inclusive, non-diet culture on campus.

Prevention Programming
Tailoring messaging and programming to reach audiences within universal, selective and indicated strategies.

Treatment and Maintenance
Identification and ongoing assessment are key to students receiving appropriate care and staying in recovery.
Continued Challenges and Opportunities
Brainstorm

- Who is your student body and what is the culture around food, body image and exercise?
- How is health promoted and supported on your campus?
- How can your campus improve in prevention efforts for EDs?
- What is one way you manage students with EDs?

Talk with your table about a strategy that you can use in your work to promote anti-diet, weight inclusive culture.
Thanks!

Any questions?

You can find us at:
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davisom@bc.edu
Resources

If you’re a provider:

- International Assoc for Eating Disorder Professionals (IADEP)
- Academy of Eating Disorders (AED)
- Sick Enough, by Jennifer Gaudiani, MD
ASDAH.com (Assoc. For Size Diversity and Health)
Intuitive Eating by Elyse Resch and Evelyn Tribole
Nationaleatingdisorders.org