College Bound: Helping Adolescents With Eating Disorders Transition to College

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Objectives

• Describe several challenges and supportive methods for transition of patients with eating disorders to college

• Compare your current college transition practice for patients with eating disorders to that of your colleagues

• Identify at least 3 ways that you as an eating disorder care provider can collaborate with the primary provider team (in the case of college health providers) or the college health team (in case of primary/subspecialty providers) to transition individuals to the college setting
Making the Case

• 21 million college students in the USA¹

• 75% of college students are dissatisfied with their weight²

• Full-blown eating disorders typically begin between 18 and 21 years of age³

• Increase of eating disorders on college campuses
  – Females 23 to 32% & males 7.9 to 25% ⁴

Making the Case, continued

• Only 6% of students with disordered eating were queried about it by a health provider\textsuperscript{1}
• Lack of detection and treatment can lead to patients presenting in a more medically severe state, more likely to need a hospitalization, residential, medical leave
• People with anorexia nervosa have a six fold increase in mortality compared to the general population
• These illnesses have severe associated complications that can disrupt the life of the student and others on campus
  – Repeat syncope requiring EMS in dorm, for example

• College Athletes
  – In a study of 204 female college athletes from 17 sports at 3 universities, 2% were classified as having an eating disorder, and another 25.5% exhibited symptoms at a subclinical level

NEDA Survey Findings, 2013

- Counseling and therapy were seen as having the highest importance and were the most frequently offered service
- Lack of eating disorder specialists available
- Unmet need for screenings as well as counseling for athletes
- Indication for improved eating disorder training for personnel and student leaders

*While the focus of this talk will be on eating disorders, please note the potential for application for additional chronic illnesses in the college setting

Barriers to Identification and Treatment

- Patients and families are often in denial
- The desire to “put it all behind me and move on”
- Traits of eating disorders can interfere with seeking help
- Cultural normalization of eating disorder behaviors
Barriers to Identification and Treatment - continued

- Limited providers experienced in treating eating disorders
- Financial constraints
- Fear of being forced into a medical leave and/or losing scholarships
- Fear of losing spot on an athletic team
Causes of Eating Disorder Behaviors in College Setting

• Eating disorder symptoms tend to peak during periods of transition, change, stress

• Transitioning to college for many people is the most significant transition they have made thus far

• College = new living environment, new social group and relationships, academic challenges, freedom of schedule, increased opportunities for substance use, period of exploration
Various Presentations

• Individuals who have a history of an eating disorder transitioning from a home environment and familiar treatment team attending college for the first time

• New onset of an eating disorder/discovery of an eating disorder on the college campus
Preparing for College

• When a patient of yours is planning to leave for college, it is essential, but not always simple, to support the patient and the family in making a successful transition
Preparing for College – Questions for the Provider to Ask

• What college is your patient attending?
• When is their departure date?
• Who is the contact at the health services and counseling center?
• Has an appointment been scheduled at each of these facilities?
• When will they be returning for their first break?
Preparing for College - The Providers To-Do List

- Support the gradual transition from parent controlled meals to patient controlled meals if following FBT model
- Obtain releases for college, parents and any off-site providers
- Support the patient in arranging a therapy and health services appointment prior to departure
- Ensure a meal plan is created with the patient based on college offerings prior to departure
Preparing for College- The Providers To-Do List, continued

• Identify opportunities for parent involvement in meals, i.e. weekend trips, skype, face time

• Schedule a follow-up appointment with patient for their first planned break

• Be clear with the patient and family that there is a chance for relapse even with supports in place

• Encourage parents to explore tuition insurance
Medical Transition to College: the Pre-College Perspective

Abigail Donaldson, MD
Medical Director, Hasbro Eating Disorder’s Program
Associate Professor of Pediatrics, Brown Medical School
Division of Adolescent Medicine
Case Presentation: LB

• At the time of introduction to our program in December 2012
  – College freshman, living in dorm
  – 3 year history of daily restriction
  – 2-3 years daily binge, purge, exercise (30 min/day)
  – Weekly laxative and diet pill use
  – 6lb weight loss in year prior
    • BMI 17
      • 85% estimated goal weight
  – Off-campus therapy for ED, anxiety
  – Healthcare on campus
LB initial ROS and physical findings

• **ROS:**
  - Tired, cold, pale
  - Palpitation with going up stairs in her dorm, no chest pain
  - Easy bruising
  - Intermittent dizziness with position change, no syncope
  - Fullness after meals
  - Amenorrhea for last 8 months

• **Physical exam:**
  - Vitals unremarkable
  - Lanugo
  - Delayed capillary refill (8-10 sec), cold extremities
  - EKG NSR
  - Labs unremarkable
Purging

General appearance
- Often unremarkable

Behavioral/psychiatric
- Impulsive, sexual acting out, shoplifting, mood disorders, addictions, character disorder, suicide

Ophthalmologic
- Conjunctival hemorrhages
- Mydriasis with stimulant abuse

Oral
- Erosion of dental enamel, cavities; marked parotid hypertrophy

Skin
- Russell's sign (callosities in dorsum of hand; peripheral edema

Cardiac
- Irregular pulse, cardiac arrhythmias; sudden death; cardiomyopathy (ipecac abuse)

Musculoskeletal
- Myopathy (ipecac abuse)

Renal
- Pseudo Bartter's syndrome

Gastrointestinal
- Diarrhea, melena, cramping (laxative abuse), GE reflux, chest pain/esophagitis, Mallory Weiss tears

Endocrine
- Irregular menses, secondary hyperaldosteronism

Starvation

General appearance
- Emaciated

Behavioral/psychiatric
- Inhibited, anxiety disorders, mood disorders, character disorder, suicide

Neurological
- Slow reflexes, hyperactive, hypervigilant, organic brain syndrome, brain atrophy, seizures with water intoxication

Ophthalmologic
- Enophthalmos

Oral
- Hypertrophy of salivary glands

Skin
- Dry, yellowish, lanugo

Cardiac
- Bradycardia, hypotension, impaired myocardial contraction, mitral valve prolapse, prolongation of Q-T interval; sudden death

Musculoskeletal
- Loss of lean body mass, osteopenia–osteoporosis

Renal
- Isothennuria, renal stones, end stage renal disease

Gastrointestinal
- Constipation; delayed gastric emptying

Endocrine
- Amenorrhea, pseudo hypothyroidism, atrophic vaginitis, breast atrophy, decreased antidiuretic hormone, delayed puberty, euthyroid sick syndrome
LB Initial Plan

- Parents to go to school daily for at least one meal
- Distraction/occupation after meals
- 1 week follow up with ED program
- On winter break: full parental involvement with meals, supervision post-meals
- Cleared for functional walking only
What do college students need to accomplish to succeed on campus?
What do college students need to accomplish to succeed on campus?

• Cognitive integrity:
  – Concentrate for long periods of time
  – Understand & execute instructions
  – Reasoning, reading comprehension, abstract thought...

• Physical activity:
  – Walking around vs. athletic scholarship

• Social functioning:
  – Social eating
  – Social decision-making
Successful transition includes:

**Youth with Special Healthcare Needs**
- Has a usual health care source
- Has a health care provider who does not treat only children, teens, or young adults
- Has health insurance coverage that meets his/her needs
- Has at least one recent (within the past 12 months) preventive health care visit
- Is satisfied with health care services received
- Has not recently (within the past 12 months) delayed or foregone needed health care services

**Youth with Eating Disorders (adapted)**
- Has usual, proximal physical and mental health care sources
- Has providers who understand the management of eating disorders
- Has health insurance coverage that meets his/her needs
- Has at least one recent (within the past month) health care visit
- Is satisfied with health care services received
- Has not recently (within the past 12 months) delayed or foregone needed health care services

General Medical Considerations for clearance in ED population

- Demonstrated ability to eat independently
  - Initially maintaining/gaining weight with activity clearance adequate for campus mobility
  - Eventually maintaining/gaining weight with desired level of activity clearance

- Abstinence from purging/cutting behaviors
  - or at the very least, stable

- Ability to attend medical, dietary, and mental health appointments on/from campus
Particular medical “milestones” to pay attention to for clearance

• Know your patient, and their destination
• No signs of cardiovascular instability
  – Orthostasis, pre-syncope, syncope
• Clearly established, stable (or absent) frequency of purging/cutting behavior
• Stable labs for period of time
• Females: regular menses
  • Complicated by appropriate use of contraception in females in this age group
• If close supervision available, aim for >85% goal weight for living on campus¹
• If no close supervision available, aim for >90-95% goal weight for living on campus

The patient who is “on the fence”

- Carefully review physical, nutritional, and mental health status with interdisciplinary team
- Carefully review case with receiving providers
- ROI required for parents to remain involved
  - Encourage visit several weeks into semester for “check in”
- Consider treatment contract with clear contingency plan if patient unsuccessful on campus
  - Clarifies goals
  - Acts as motivator
  - Wastes no time if patient “fails”
    - expedite return to college setting
LB Progress: year 1

• Dec: 2 weeks after initial visit admitted for medical hospitalization for no change, ongoing weight loss
  – Hope to maximize winter break for treatment advance
• Jan: Transitioned to residential program
• Feb: Returned to school as commuting student for ongoing parental supervision/involvement
• March: Cut down on classes to participate in IOP
• June: started FBT with new therapist
• Sept: Transitioned to different residential program
  – Reached 95% IBW
• Oct: back to school, commuting
Outreach to health services: from “home team” perspective

• Once patient determined to be medically cleared for college
• Call 2 weeks prior to matriculation
• Speak to MD, NP, or RN
  – Past treatment course including behaviors, complications, abnormal labs, hospitalizations
  – Current weight, weight goal
  – Current nutritional recommendations
  – Treatment team members: at home, on campus
  – Recommended frequency of visits: on campus, at home
  – Fax relevant records, treatment contract if applicable
  – Contact information for consultation/collaboration if needed
What if things don’t go well?

• Enlist the parents
  – Campus health centers are not able to “force” patients in to care
  – Parents need to remain mobilized: they are the “backup” supervision plan
• Communication with college health center about supervision to date
• Strive for “seamless transition”
  – Both as they leave campus, and as they return
• College as motivator: they can make it back, but need to focus on their health first
• Likely to need alternate supervision plan when they return to campus to prevent repeat failure
LB Progress: year 2

• Able to remain in school for academic year, though still engaging in some restriction/purging
  – Maintained weight 90-95% IBW
• No more regular pill use
• As summer approached: worsening symptoms
• Summer: IOP, more stable
• Returned to school as residential student
  – Less structure → increased behaviors
• October: admitted for orthostatic changes, escalation of behaviors
LB Progress: year 3

• Since hospital discharge, living at home with parents providing more support
  – More meal compliance
  – Very infrequent purging
  – No pill abuse

• Twice per week therapy on campus

• Every other week follow up in ED clinic

• Plan for trial of living on campus this spring
Post-departure management of concerned/involved parents

• Many parents call expressing “what if’s” of college life with an eating disorder
  – Usually only partly informed of what is going on (at best)
• Early visit to campus at start of freshman year, new semester
• Regular virtual visits
• Follow up with “home team” on break
  – Assess patient’s status
  – Re-engage parents in process
  – Support patient’s success in presence of parents
• Pro-active parental collaboration with college health center
Institutional Challenges

Medical Transition to College: the In-College Perspective

Fortunato Procopio, MD,
Medical Director, Health Services
University of Rhode Island
Not All College Health Centers Are Created Equal

- Provider Levels and Training
- Range of Services
- Accreditation
- Daily Availability
- Seasonal Availability
- Community Resources
- Transportation Issues
Health Services and Counseling Centers
Don’t Always Play Well Together
Health Services and Counseling Centers Don’t Always Play Well Together

- Location
- Management
- Philosophy
- Communication
- Release of Information
- Communicate with Both!
Insurance

- Participation
- Networks
- Student Health Insurance Plans
- Platinum, Gold, Silver, Bronze
- Deductibles
- Impact on Community Providers
Town and Gown
Town and Gown

“For many rural residential universities the student academic year populations may exceed the population of the neighboring community; thus the local medical community’s ability to provide services to the student is limited even where there is a desire to care for this transient population.” – The Lookout Mountain Group
Not My Problem?

• Who Owns the Patient:
  – Regular, Seasonal and Break Accountability
  – Splitting
  – Safety

• Technology
  – Telemedicine
It’s Not the Way it Used to Be

• How Do We Insure Safety?
  – What is the schools responsibility?

• ADA Interpretations
  – More difficult to draw a line in the sand
  – Publics and Privates

• “Dismissed for Depression”

• Role of the Family
We Need to Show the Way

- Present the issues
- Provide the framework
- Help the patient and family identify transition options
- Ask the hard question: Is this educational institution the right choice for the student and family?
URI eating concerns advisors (UReca!)

Eva-Molly Petitto Dunbar
Clinical Psychology Doctoral Program
University of Rhode Island
Outline

• Program Development
  – What is the URI Eating Concerns Advisors (UReca!) Program?

• Applying to be a UReca!
  – Training

• Research
  – Eating Concerns Mentors (ECM) Program at UNH
Program Development

• Peer Mentors
• Addressing unmet needs on college campuses
  – Increasing ED awareness, and help-seeking behaviors
  – Decreasing stigma
• Effectiveness of Peer Mentoring
  – Benefit to self & others
URI Eating Concerns Advisors (URReca!)

- Mentors are trained URI students
- Support
  - Appropriate referrals
- Education & Prevention
  - Outreach events
  - Programming
  - Tabling
Transtheoretical Model of Behavior Change (TTM) & UReca!

- TTM & multiple health behavior change interventions
- Proactive approach
- Readiness-based coaching techniques to:
  - Increase treatment engagement
  - Pros and cons of disordered eating behaviors
  - Facilitate use of Processes of Change based on Mentee’s Stage of Change
ED Awareness Outreach Events

• Love Your Body Week
  – Eating Concerns Awareness Week
    • Fat Talk Free Week

• Mindful Eating Program
  – Body Image Program

• National Eating Disorder Association Walk
  – Regional conference presentations
    • Work in the Community
BECOMING A PEER MENTOR
URI Eating Concerns Advisors (UReca!)

URI Eating Concerns Advisors (UReca!) are students trained to provide their peers with confidential individual support, appropriate referrals, and information on body image, eating concerns, and eating disorders.

To get involved, please complete the attached application and return it to:

Eva-Molly Petitto Dunbar
Psychological Consultation Center (PCC), Suite 100, Chafee Building by October 31, 2014.
After applications are reviewed, you will receive an email to schedule a short informal interview. For more information you can email ureca2014@gmail.com

URI Eating Concerns Advisors (UReca!) Application
Spring 2015

GET involved

Dr. Lindsey Anderson
Clinical Supervisor of UReca!
Application Process

Initial Screening
- Application
- Interview
- ECM Screening Questionnaire
- Eating Attitudes Test (EAT-26)
- Marlow-Crowne Social Desirability Scale

Also Follow-up Screening
Training & Self Care

- Initial training (1sem.)
- Continuing Education
  Medicine, Counseling, Dietetics, Public Health, Multiculturalism
- Detailed Manual
- Mentor support
- Supervision
- Stress management
Comprehensive Training

A sample of Training Topics:

• Suicide prevention
• Basic nutrition guidelines for peer educators
• Medical complications of EDs
• Athletes and EDs
• ED prevention (cognitive dissonance, fat-talk, thin-ideal internalization, body dissatisfaction)
• Mentoring skills
• TTM & Motivational Interviewing
• >>>>>>>>>>>>>>>> Much more!

UREca! Course:

Continuing education,
Case discussions,
News articles,
Committees
Referrals

- Referrals
  - Counseling Center
  - Health Services
  - Nutritional Counseling
  - Office of Health Education and Promotion
  - Community Resources
  - Campus Recreation
  - Couple and Family Therapy Clinic
  - Psychological Consultation Center (PCC)

- Crisis intervention
  - Local Hospitals
PROGRAM EVALUATION
Research: UReca! Evaluation

- ED attitudes and behaviors in college students
- Impact of ED awareness outreach events
  - One-time intervention events & programs offered by UReca!
- Impact on program participants & on peer-mentors
- Impact on mentees
- Goals: reduction in ED symptoms and risk factors/increase in protective factors, resource awareness, and help-seeking behaviors
EATING CONCERNS MENTORS (ECM) AT UNH
Eating Concerns Mentors (ECM) Development

• University of New Hampshire 2008
• Students Promoting Information on Nutrition (SPIN)

• Eating Disorders ➔

• CREATED ECM
Individual Support

ARE YOU...

Obsessed with Food Working out

Struggling with Eating issues Body image issues

Worried about Yourself Others

Eating Concern Mentors (ECMs) are trained UNH students who are available to provide individual support and information on body image, eating concerns and disordered eating. Request a mentor online.

unh.edu/health-services/ecmp

facebook.com/unhhealth

The Eating Concerns Mentors Program is a UNH Health Services peer education program. All mentors receive extensive training and supervision from the Nutrition Educator at Health Services and two peer leaders. ECM mentors are only available during the academic year when classes are in session. Mentors respect confidentiality unless a student discloses the potential for self-harm or harm to another person. Learn more about the program and other services Health Services offers by visiting unh.edu/health-services or call (603) 862-3463.
Education & Prevention

Everybody Knows Somebody

Eating Concerns Awareness Week
February 25 - March 2

I had no idea that eating concerns can destroy lives.
Spread of ECM

USA TODAY College: “UNH Addresses Body Image with Eating Concerns Awareness Week”

Models for other campuses:
- Eating for Life Alliance
- UNH & Harvard

Conference presentations
National Mentoring Program
Effectiveness of ECM’s Body Image Program

- Short-term & longer-term impact → decrease in ED risk factors

Impact on program participants & on peer-mentors:

- Reduction in ED risk factors/increase in protective factors
References

• For additional references, please refer to individual slides throughout the presentation.
Your Turn!

- 10 minutes to discuss the following:
  - How would your management of the case presented have been different?
  - What are the challenges, pitfalls that you have encountered?
  - What works well in your setting?
  - How do you determine readiness