Eating Disorder Awareness for School Providers

Eating Disorder Center of Excellence

July 24, 2025
1- 2 PM ET

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Welcome!

These slides were developed [in part] under contract number 75S20324F42001 from the U.S. Department of Health and Human Services (HHS).

Housekeeping Notes

Recording

This webinar will be recorded. By attending, you consent to being recorded.

Questions

During the webinar, feel free to submit questions and feedback in the chat. There will be dedicated Q&A time at the end.

Sound/Video

Participants will be muted upon entry and videos turned off. For technical assistance, please use the chat.

Presentation Materials

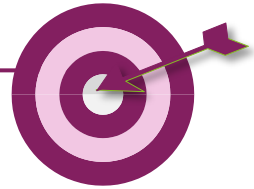
Participants will receive a link to the presentation slides and a recording via email after the webinar.

DISLCAIMER

The views expressed in this webinar do not necessarily represent the views, policies, and positions of the U.S. Department of Health and Human Services.

Agenda & Learning Objectives

	Agenda
1	Introduction & About the ED-CoE
2	Role of School Providers
3	Quick Facts & Overview of Eating Disorders
4	Impact of Eating Disorders in School Settings
5	Clinical Actions in a School Setting
6	Tools & Tips
7	Recap & Closeout
8	Q&A
9	Resources & Upcoming Events



Objectives

- Increase awareness of eating disorders and why they are important to understand in a school setting
- Review how to identify eating disorders and support students being treated for and recovering from eating disorders
- Provide tools, resources, and tips to takeaway for real-world application

Our Speakers

Facilitator

Jeffrey Greenberg, PhD

Director, Eating Disorder Center of Excellence

RELEVANT EXPERIENCE

- Clinical psychologist
- Specialized training in PTSD evaluation and treatment
- Experience leading behavioral health initiatives with federal entities such as United States Navy Bureau of Medicine and Surgery (BUMED), Defense Centers of Excellence for Psychological Health and TBI (DCoE), National Center for PTSD, Veterans Health Administration (VHA), and the United States Air Force Medicine
- Experience leading in-person and virtual TTA efforts to implement new behavioral health programs and treatments

Presenter

Dr. Jean Doak

Executive Subject Matter Expert

RELEVANT EXPERIENCE

- Clinical Director of the UNC Center of Excellence for Eating Disorders
- Licensed psychologist
- Focused on education, training and clinical practice in adolescent medicine/mental health with a specialization in eating disorders
- Expertise in training, program development, research/practice integration and clinical operations
- Previous experience as the Assistant Professor at Baylor College of Medicine/Texas Children's Hospital and Regional Director at Cleveland Center for Eating Disorders/The Emily Program

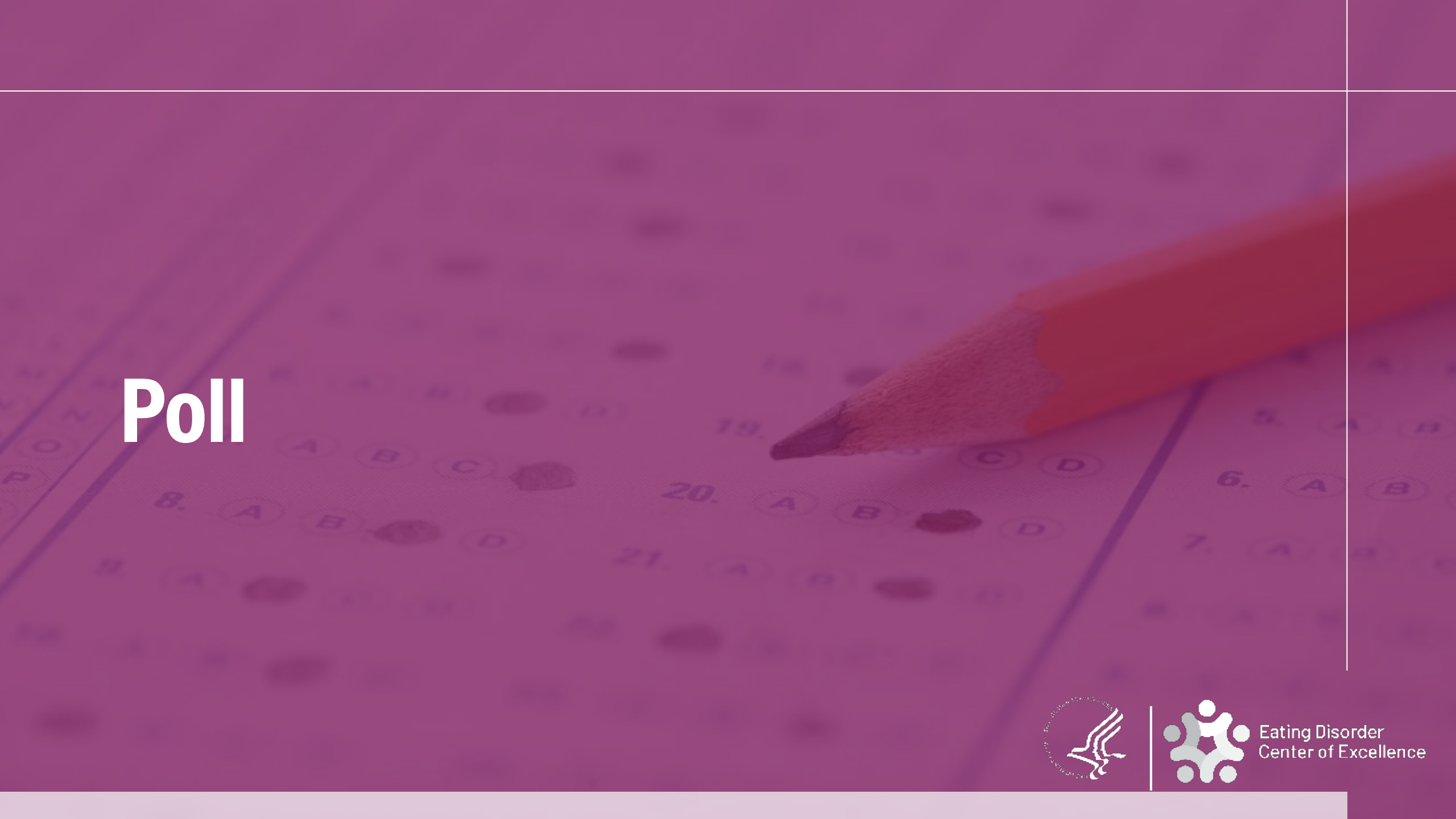
Our Mission

Serve as the **preeminent federal resource in eating disorders** to advance education, public awareness, prevention, treatment, and recovery.

We will do this by **equipping** healthcare professionals, **educating** unique audiences, **advancing intervention** capabilities, and **accelerating** public health **solutions**.

- ✓ Educational webinars
- ✓ Engaging peer-to-peer communities
- ✓ Tailored resources

Poll



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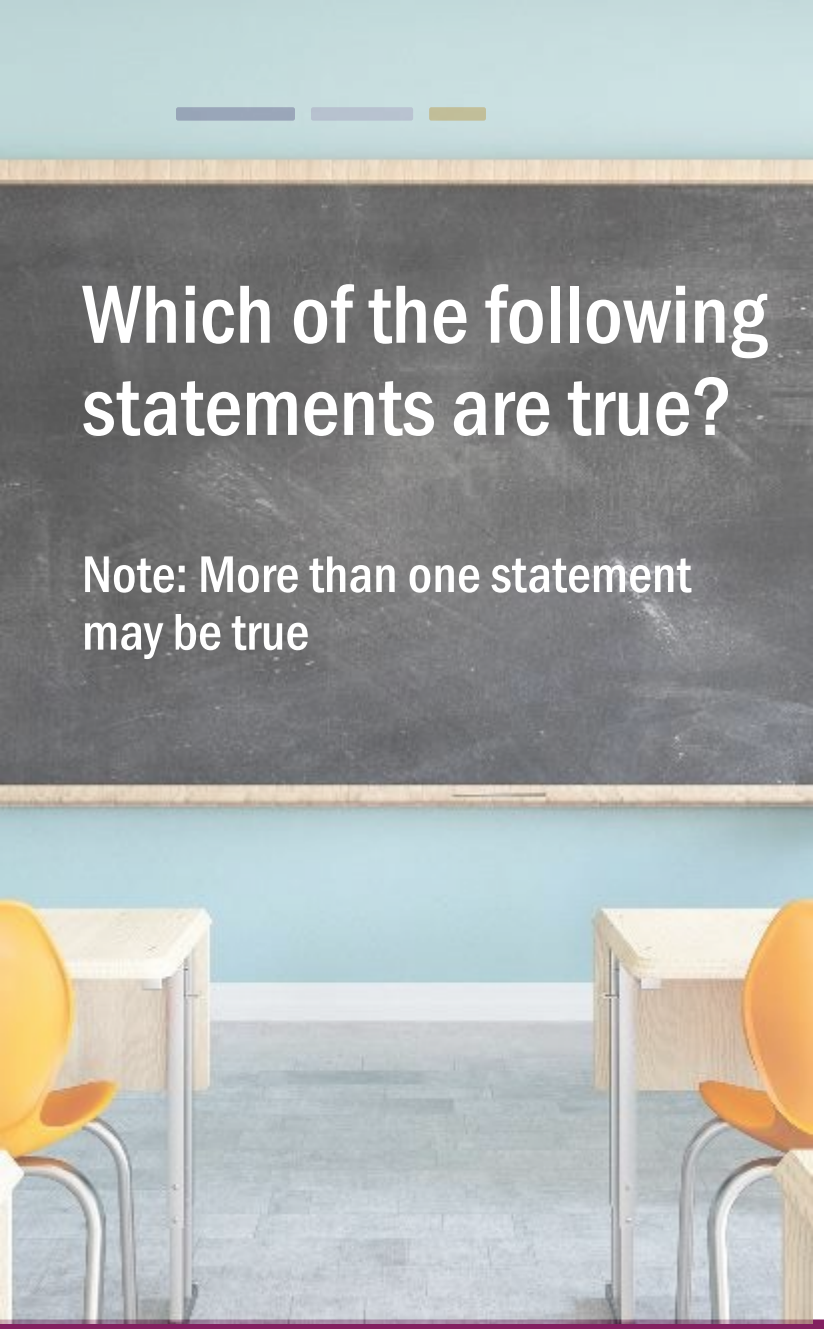


Which of the following statements are true?

Note: More than one statement may be true

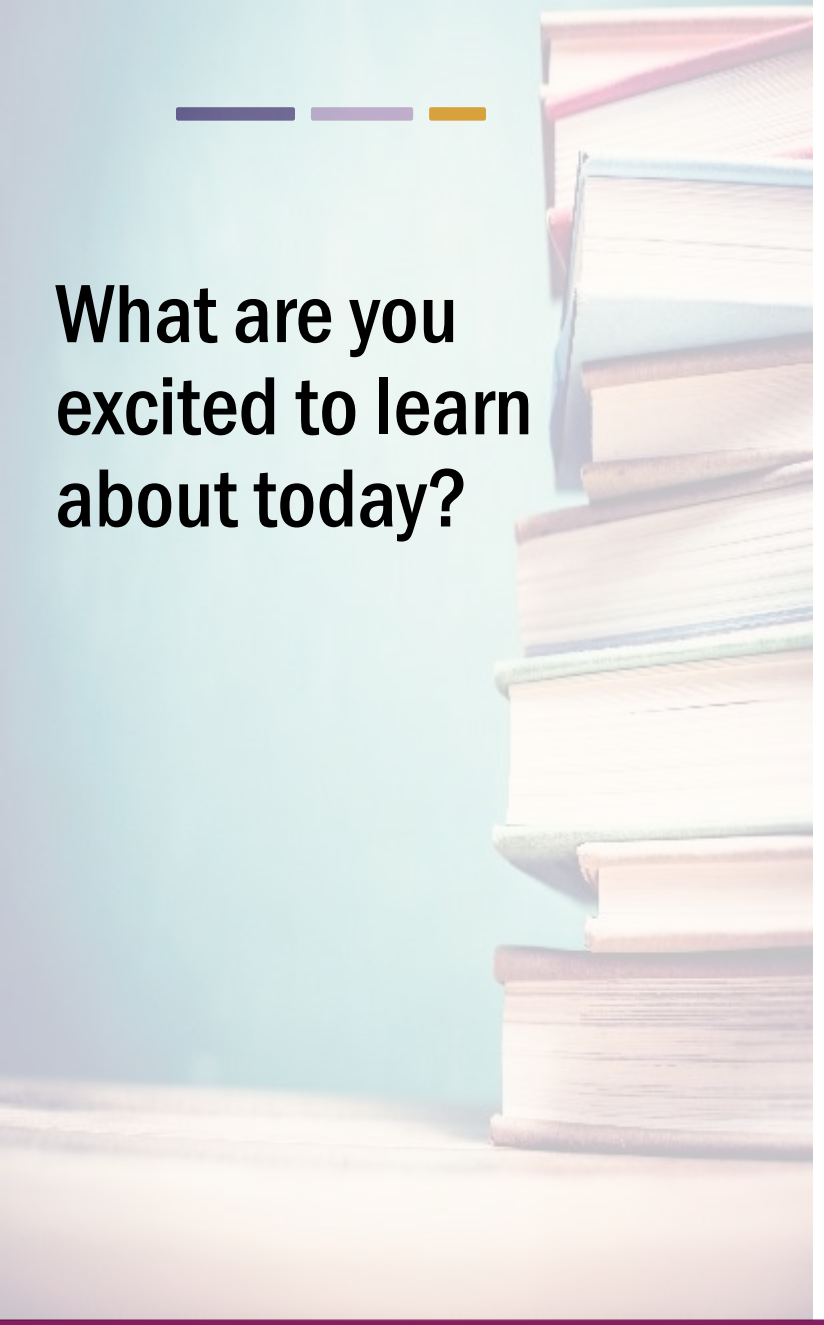
A. Only girls are at risk for eating disorders

B. Eating disorders are always easy to detect because students openly discuss their eating habits and body image concerns

C. Adolescents with eating disorders can appear physically healthy and within weight recommendations

D. Eating disorders are cured following inpatient care

E. Teachers and school providers are often in a unique position to identify early signs of eating disorders due to their daily interactions



What are you excited to learn about today?

A. Eating disorder facts and myths

B. Eating disorder presentations among children and adolescents

C. How to collaborate with parents, caregivers, and the school community to support students

D. Tips for difficult conversations with students about eating disorders

E. All the above!

Today's Topic and Goals

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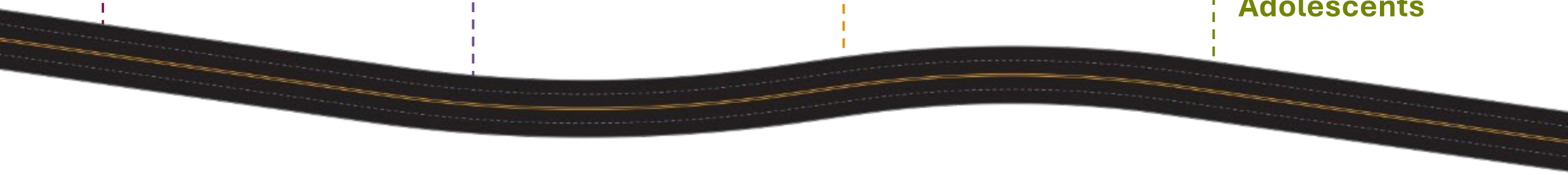
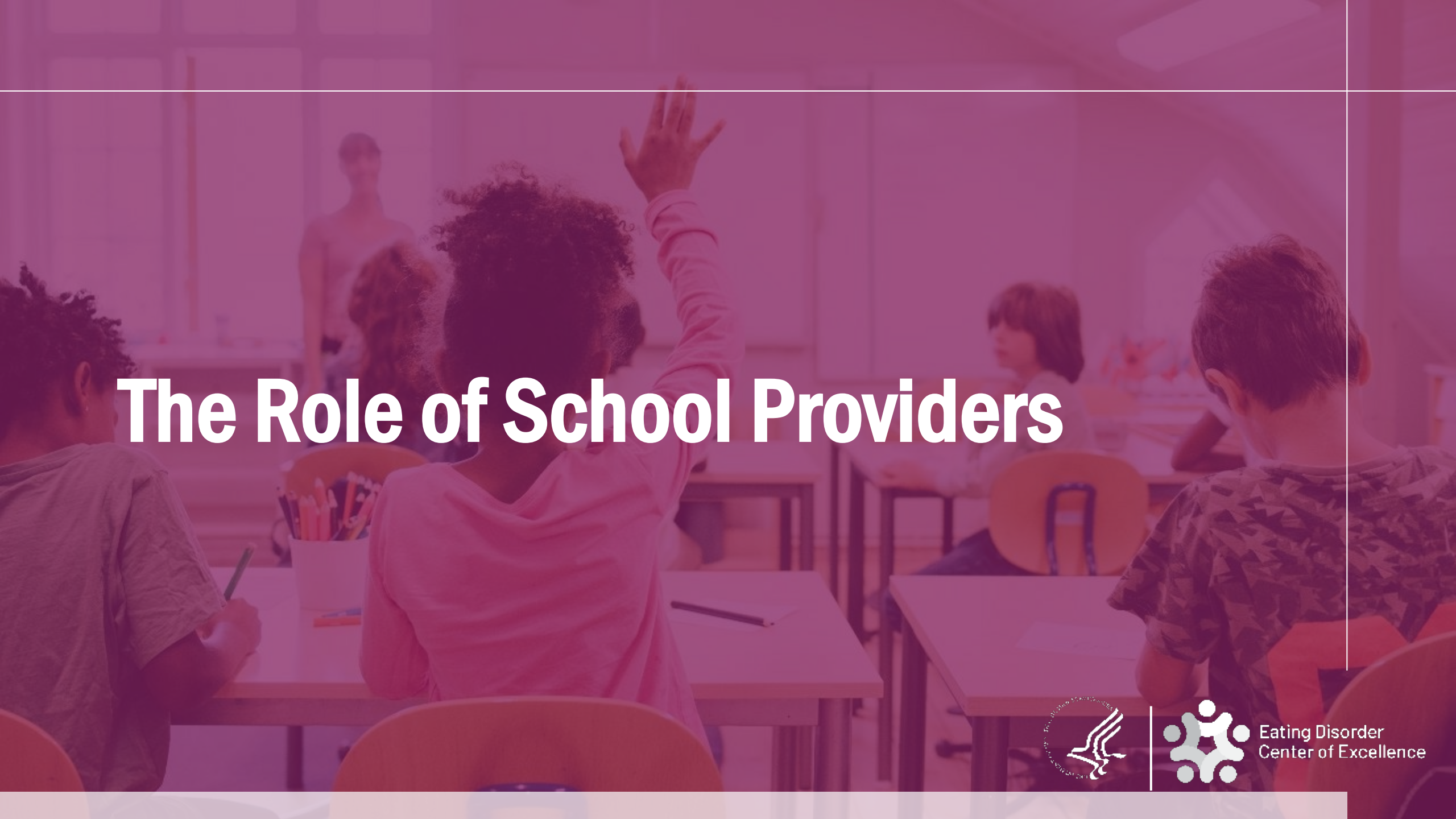
Our Road Ahead

Today's discussion will be organized around four session goals

- **Identifying Signs and Symptoms of Eating Disorders within Students**
- **How to Support Students Suffering from Eating Disorders**
- **Collaboration Across School Health Personnel, Parents, and Caregivers**
- **Addressing Challenges in Working with Children and Adolescents**





The Role of School Providers

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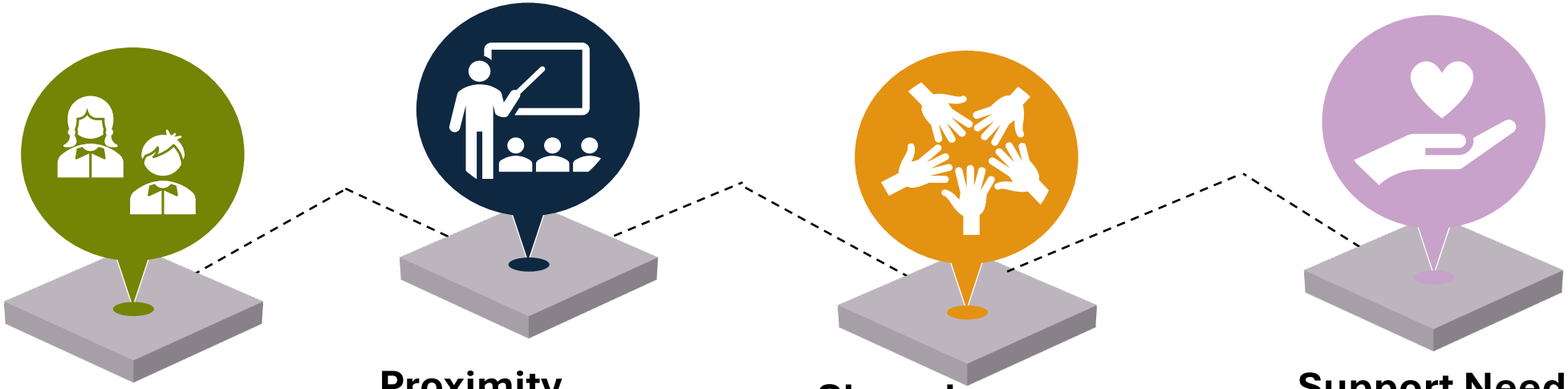
Who are School Providers?

Why are School Providers Critical?



Prevalence

Eating disorders can impact people of all ages and can develop in school age and adolescent years

Proximity

School providers have direct connection to those who may be at risk of or experiencing an eating disorder

Shared Responsibility

All individuals in the school setting play a role in addressing eating disorders in the community and should be aware of tools, tips and available resources

Support Needs

School providers should understand what to do when they suspect, identify, or are made aware of a student with an eating disorder

In the United States, from 2018 to 2022, health visits related to eating disorders more than doubled among people under the age of 17

School Providers Can be Change Agents

Promote Positive Behaviors & Raise Awareness

Foster a school environment that promotes positive eating and body image behaviors, raise awareness about eating disorders, and implement strategies to prevent them

Understand How to Identify Eating Disorders

Be aware of behaviors associated with eating disorders to be able to detect and intervene early to improve treatment outcomes

Know How to Support a Student with an Eating Disorder

Understand how to have supportive conversations with students and involve parents/caregivers, and what resources and accommodations are available

The ED-CoE wants everyone to feel empowered to be **change agents** in the school community by promoting awareness and early identification of eating disorders

Eating Disorder Quick Facts

Eating disorders result in over **10,000 deaths** (1 death every 52 minutes) **annually**

Eating disorders have the **2nd highest mortality rate** of any psychiatric illness

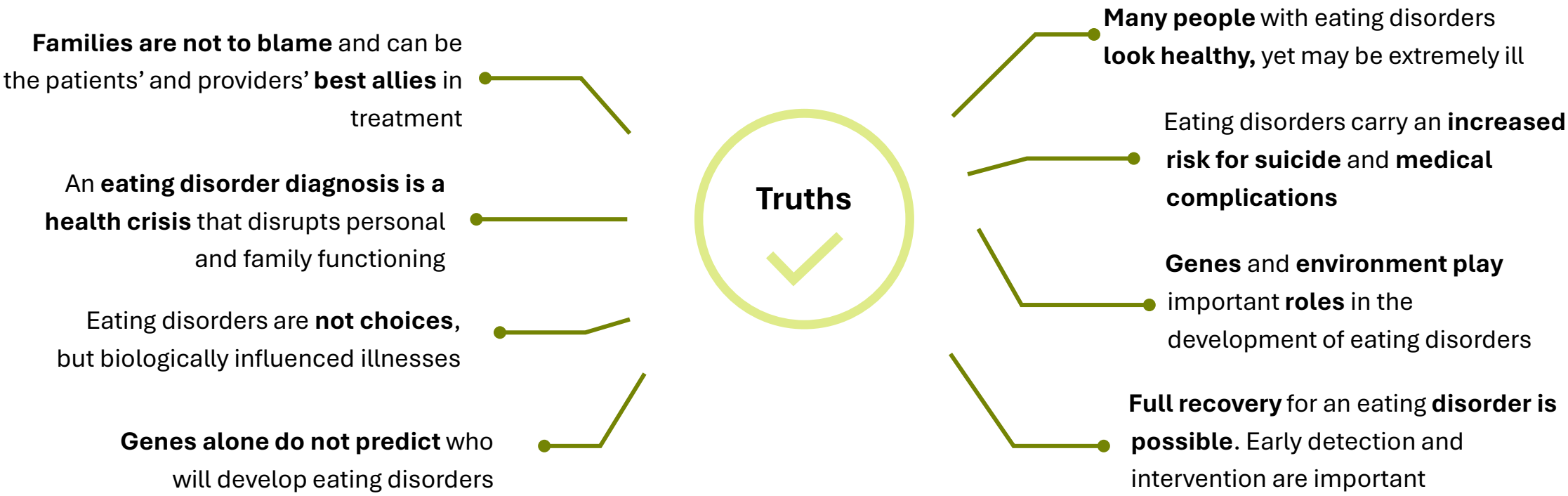
9% of the **U.S. Population** will have an eating disorder in their lifetime

Only about **20%** of those with an eating disorder ever **receive treatment**

8 Myths about Eating Disorders

- People at normal body weight **cannot** have an eating disorder
- Young people **grow out of** having an eating disorder
- Getting healthy is **just about eating more or less**
- After inpatient care, people with eating disorders are **cured**
- Eating disorders are **about vanity or getting attention**
- People with eating disorders are **punishing parents or loved ones**
- Eating disorders are a **lifestyle choice**
- **Parents cause** eating disorders

8 Truths about Eating Disorders



Impact of Eating Disorders in School Settings

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The Social Media and Eating Disorders Connection

High daily usage of social media (>4 hours/day) has been linked to increased eating disorder pathology

- Adolescents can internalize unrealistic appearance ideals promoted online
- Exposure to potentially harmful content such as “thinspiration” can glamorize extreme weight loss and unhealthy eating behaviors
- Social media creates a cycle of appearance-based comparison and self-criticism

Source: Dahlgren, Caroline L., Jorunn Sundgot-Borgen, Ingela Lundin Kvalem, Anne-Lene Wennersberg, and Line Wisting. 2024. “Further Evidence of the Association between Social Media Use, Eating Disorder Pathology and Appearance Ideals and Pressure: A Cross-Sectional Study in Norwegian Adolescents.” Journal of Eating Disorders 12 (1): Article 34. https://doi.org/10.1186/s40337-024-00992-3.

Jordan: a Hypothetical Student Scenario

Presenting Concerns

Jordan visits the school nurse complaining of:

- Frequent headaches
- Difficulty concentrating in class
- Feeling cold even when others are comfortable

School Nurse Assessment

The school health office finds:

- Low-normal blood pressure and heart rate
- Reports of fatigue and poor sleep
- Mentions feeling "guilty" after eating certain foods

Jordan

Student Background

- Jordan is a 16-year-old high-achieving student
- Jordan has always been active in school clubs and plays on the varsity soccer team

Changes in Behavior

- Teachers and peers have noticed that Jordan often talks about the fitness influencers and "clean eating" account she follows on Instagram and TikTok and the importance of calories, macros, and "**earning" food through exercise**
- Teachers observe that Jordan has **lost weight** over the past few months, that she **skips lunch** or brings only low-calorie, "safe" foods like raw vegetables and protein bars

Jordan's Care and Recovery Journey

Visit School Nurse

Jordan visits the school nurse complaining of headaches and difficulty concentrating in class

Ask Questions

The school nurse inquires about Jordan's stressors, mood, and eating patterns

Meet with Parents

School providers and counselors meet with Jordan's parents to share observations and care recommendations

Referral to Care

The school nurse offers to collaborate with the parents to initiate a referral to a pediatrician and mental health provider for a comprehensive eating disorder evaluation

Provide Wrap-Around Support

School providers collaborate with the school counselor and Jordan's teachers to support Jordan's needs and clinically recommended accommodations

Clinical Actions in a School Setting

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How to Create a Positive Environment for Students

Provide Nutrition Education

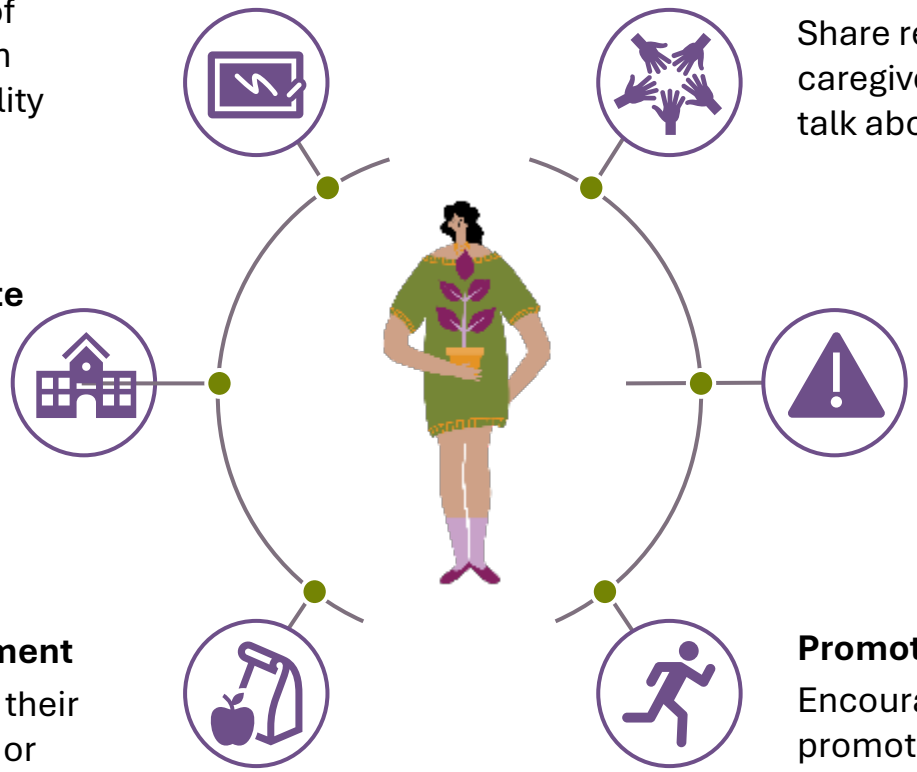
Include nutrition education as part of health education curricula. Focus on balanced eating and body functionality rather than weight or appearance.

Foster a Positive Emotional Climate

Promote body positivity and self-esteem through school-wide campaigns and classroom discussions. Address bullying and appearance-based teasing.

Create a Supportive Food Environment

Allow students sufficient time to eat their meals. Avoid using food as a reward or punishment.



Engage Families and Communities

Share resources with parents and caregivers on eating habits and how to talk about body image.

Recognize Warning Signs

Work with school administrators to provide guidance for teachers and administrators to identify early signs of disordered eating.

Promote Inclusive Physical Activity

Encourage physical activity as a fun and health-promoting behavior, not as a tool for weight control. Educate students on how movement supports mental health and overall well-being.

Source: Centers for Disease Control and Prevention. “Whole School, Whole Community, Whole Child (WSCC).” Last modified June 26, 2024. https://www.cdc.gov/whole-school-community-child/about/index.html

Know the Common Types of Eating Disorders*

Anorexia Nervosa (AN)	Avoidant/ Restrictive Food Intake Disorder (ARFID)	Binge-Eating Disorder (BED)	Bulimia Nervosa (BN)	Other Specified Feeding and Eating Disorder (OSFED)
Defining feature is **intense fear of gaining weight** and **restriction of energy intake** leading to significantly lower weight or precipitous **weight loss**	Defining feature is an **eating or feeding disturbance manifested** by persistent **failure to meet appropriate nutritional and/or energy needs**	Defining feature is **eating an unusually large amount of food** accompanied by a sense of **loss of control**	Defining feature is **binge-eating episodes** and recurrent inappropriate compensatory behavior (ICB)	An eating disorder that **does not meet full criteria for one of the other categories** but involves specific disordered eating behaviors such as restricting intake, purging and/or binge eating as key features

**List is not exhaustive, refer to DSM-5-TR in resource list for more information*

Be Aware of the Warning Signs & Risk Factors

COMMON WARNING SIGNS

- Frequently talking about food, weight, and shape
- Dramatic weight gain or loss
- Abuse of diet pills, laxatives, diuretics, or emetics
- Denial of severity of illness despite the concern of others
- Medical complications: dizziness, fainting, bruising, hair loss, brittle hair, osteoporosis, diarrhea, constipation, dental problems
- Purging, restricting, binge eating, or compulsive eating
- Eating in secret, hiding food, disrupting meals, feeling out of control with food
- Excessive or compulsive exercise patterns

INDIVIDUAL RISK FACTORS

- Patients in **key transition periods**
- Adolescents (12-25 years)
- Patients with medical morbidity
- Athletes
- Patients with family history of eating disorders
- Veterans

Driving Early Intervention: the Traffic Light Tool

Treatment:

- Binge eating
- Vomiting or laxative use
- Not eating enough
- Rapid weight loss or gain
- Fainting, feeling cold
- Change/loss of menses
- Swelling around jaw
- Dehydration
- Compulsive exercise

Awareness/Identification:

- Dieting, fasting
- Social withdrawal
- Increased exercise, steroids
- Change in food preferences; lying about food; feel guilty
- Over-focus on food, weight
- Anxious about food, avoiding
- social eating
- Body checking/dissatisfaction
- Mood changes; anxiety
- Weight loss/gain/fluctuation

Prevention:

- Choose food for hunger & preference
- Social eating
- Lack of guilt/shame around eating
- Body Acceptance
- Healthy weight for age & body type
- General feeling of wellbeing & vitality
- Socially engaged

Source: Eating Disorders Early Signs Traffic Light Tool for early intervention

Referring Students to Care

Considerations

01

Have a Conversation with the Student

Have a private conversation with the student and express concerns in a compassionate manner.

02

Engage the Parents or Caregivers

Provide parents and caregivers with the resources they need and emphasize the importance of professional support.

03

Help to Identify Provider

Assist the family in locating appropriate clinical care with local healthcare providers or specialized eating disorder treatment centers.

Eating Disorder Intervention & Treatment Goals

*There are **4 core, goals** of treatment for all patients with eating disorders*

1 Medical Treatment

- Management of acute and chronic medical conditions (medical stabilization)
- Spontaneous (not hormonally induced) resumption of menses (where appropriate), or resumption of appropriate pubertal progression and gonadal hormone levels

2 Nutritional Rehabilitation

- Weight restoration
- Restore meal patterns that promote health and social connections
- Broaden food repertoire and macronutrient balance

3 Normalization of Eating Behavior

- Cessation of restrictive or binge eating and/or purging behaviors
- Elimination of disordered or ritualistic eating behaviors
- Eating without over-concern about foods; elimination of fears around eating

4 Psychosocial Stabilization

- Evaluation and treatment of any comorbid psychological diagnoses
- Re-establishment of appropriate social engagement
- Improvement in psychological symptoms associated with ED
- Improved body image

504 Accommodations

504 Accommodations for Students with Eating Disorders

Section 504 of the Rehabilitation Act of 1973 *is a Federal civil rights law that* ***protects students from disability-based discrimination in schools*** *(including preschools, K-12 schools, colleges, universities, and other postsecondary institutions) that receive Federal financial assistance.*

Eating Disorders can Qualify as a Disability

Under Section 504, a student with an eating disorder can be a student with a disability for purposes of Section 504 if the student's eating disorder substantially limits one or more of the student's major life activities

Required Identification & Evaluation of Students with Disabilities in Elementary & Secondary Schools

Section 504 requires all elementary and secondary schools to identify and evaluate students with disabilities to determine special education or related aids needs

Accommodations, Modifications, and/or Related Aids

Section 504 may require schools to provide academic modifications or other accommodations and related aids

Student Advocacy in Postsecondary Education

Section 504 requires accommodations in postsecondary schools; however, the student must advocate for themselves as the postsecondary schools are not required to identify and evaluate disabilities

Common Accommodations under 504

504 Accommodations	*Elementary/Secondary Schools*	*Postsecondary School*
Giving alternative assignments in a physical education, health, or nutrition class	✓	✓
Offering alternatives to food-centered activities or events	✓	✓
Allowing the student to make up work, without penalty, and excusing late arrivals and absences when they miss class due to a medical appointment or when symptoms of their eating disorder hinder a student's ability to complete their work	✓	✓
Allowing the student to eat at specific times if part of a treatment plan established by the student's doctor	✓	
Excusing a student from required participation in a meal plan or allowing the student to take food out of the cafeteria so they may eat in privacy		✓
Reduced courseload		✓
Long-term voluntary medical leave from school to receive treatment		✓

Additional Considerations

Level of Care Varies

There are varying levels of care and treatment required depending on the severity of the eating disorder. It is important to note that students who require more intensive care may need more extensive accommodations.

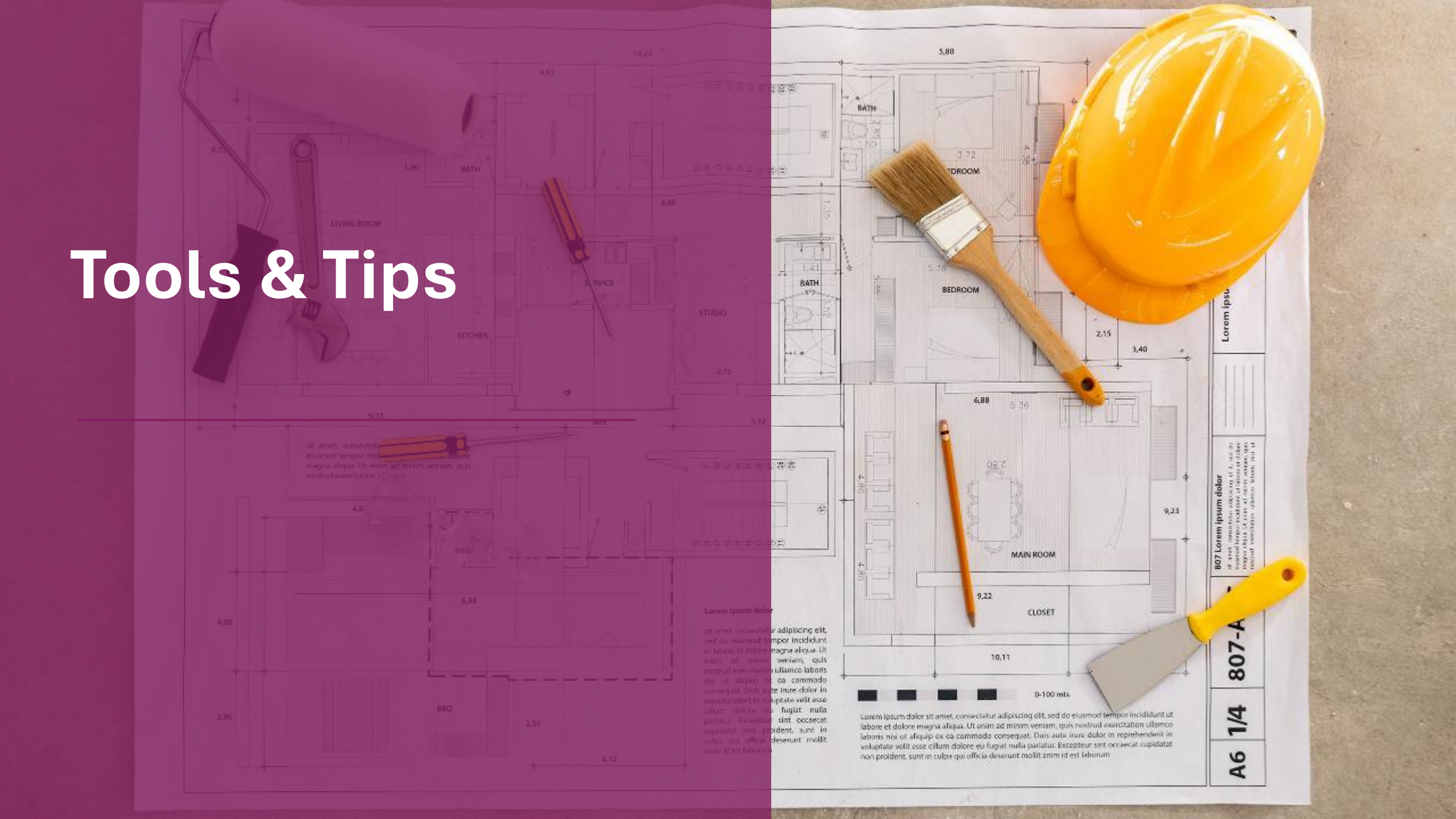
Absence Policies May Need to be Modified

Students with eating disorders may be absent for large durations of time. It is important for the school system to work with the student and accommodate appropriately, regardless of the absence policies.

School Sport Involvement May be Restricted

Often providers may recommend that a student with an eating disorder refrain from sports. This is often a difficult boundary to set but it is important for the school to be on the same page as the provider.

Tools & Tips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Tips for Talking with Students

Approach with Sensitivity and Privacy
Chose a private, quiet setting and use a calm, nonjudgemental tone. Avoid commenting on the student's weight, appearance, or food choices.

Use Supportive Language
Focus on health and well-being rather than weight or body image. Say things like, "I've noticed you seem tired and distracted lately. How are you feeling?" instead of "You've lost a lot of weight."

Focus on Behaviors, Not Diagnosis
Describe specific observations (e.g., skipping meals, frequent bathroom visits after eating). Avoid labeling the student with a diagnosis—leave that to mental health professionals.

Be Aware of High-Risk Groups
Pay special attention to students involved in activities that emphasize body image (e.g., dance, wrestling). Be alert to co-occurring conditions like anxiety, depression, or OCD.

Encourage Open Communication
Let students know that you are a trusted source of support and that talking openly with you reduces stigma and shame.

Tips for Involving Parents/Caregivers

Parents/caregivers are an **important part of the care team** needed to support a child with an eating disorder. School providers can help **empower, provide reassurance,** and **engage in difficult conversations** with parents and guardians throughout the entire process by:

Providing **open communication channels** with the school and a point of contact to emphasize that the school is a trusted partner in the care of their child

Approaching conversations focused on **empathy** for the situation and **concern** for the student's wellbeing

Not making a diagnosis, rather **stating observed behaviors** and **educating** them of the **resources** available in the area

Clearly communicating **support the school can offer** and what **services** are **available** through the school

Collaborating with them to **determine next steps** and **asking** what support would be helpful

Recap & Closeout

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Recap of Lessons Learned

Role of School Providers
As one of the early potential points of care for children and adolescents, school providers play an important part of addressing eating disorders

Overview of Eating Disorders
Obtaining a general understanding of the warning signs and symptoms is crucial to knowing how to identify and detect eating disorders

Clinical Actions in a School Setting
Understand how school providers can be an active partner in the management of eating disorders and required accommodations

Engaging with Students and Parents/Caregivers
Engaging compassionately with students and their families can ensure students are supported on their recovery journey, both inside and outside of school

Tools and Resources for School Providers

General Eating Disorder Resources

- National Eating Disorder Association Website
- Academy for Eating Disorders Website
- Families Empowered & Supporting Treatment of Eating Disorders

Educator Specific Eating Disorder Resources

- NEDA Educator Toolkit
- NEDA Tips for Educators
- Eating Disorders and the School Setting

Section 504 Resources

- Section 504 Protections for Students with Eating Disorders
- Section 504 | U.S. Department of Education

Q&A

Thank You

Submit your feedback

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