Promoting Connection and Communication to Identify and Manage Eating Disorders on Campus: Part II

New York State College Health Association

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Mary Tantillo PhD PMHCNS-BC FAED
Director, Western NY Comprehensive Care Center for Eating Disorders
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In Order to Treat the Whole Person We Need to Engage the Whole Team

- **Stakeholder connections are essential to assist students in recovering from ED's – Diseases of Disconnection**
- **A biopsychosocial understanding of the student is realized through a truly multidisciplinary team that includes patient and family**
- **Mature stakeholder teams engage more easily in cross-training and perspective-taking on the part of colleagues from other disciplines, patient, and family.**
- **They anticipate and are responsive to each other's questions and concerns during case review and treatment planning.**
- **They are open to and build on difference and are able to identify points of tension and disconnection, instead of letting these things divide them (what the ED hopes for). The team must practice what they teach students and families in order to promote recovery.**
- **They engage in relational repair when disconnections occur.**

In Order to Treat the Whole Person We Need to Engage the Whole Team

- **Opportunities for points of tension and disconnection experienced within the team are multiplied in the care of those with ED's, especially since stakeholders are from a number of disciplines, e.g., mental health, medicine, dietetics, and may also include professionals outside the university/college.**
- **Discipline training programs may not provide specialty ED training or teach treatment planning and interdisciplinary methods to provide care and treatment**
- **The infrastructure within health care settings needed to foster effective interdisciplinary treatment team functioning and treatment team planning may be limited or absent.**
- **Connection and communication, especially in the form of mutual understanding and trust among treatment team members, is critical to foster recovery from an ED.**

STAKEHOLDER CHALLENGES AND CONCERNS RELATED TO STUDENTS WITH OR VULNERABLE TO DEVELOPING EATING DISORDERS ON CAMPUS

Carson Simms
University of Rochester Alumnus
and Recovered Individual

Student Perspective on Challenges and Concerns

- Consequences of divulging the fact that the student has an Eating Disorder
- Needing to leave school - decision made by parents or by the university
- Being forced to stop eating disorder behaviors
- Finding appropriate resources for help
- Lack of awareness of University Health Programs (e.g., counseling, doctors)
- Reputation of university programs (e.g., Are they punitive or helpful?)

Bharti Dunne

Outreach Specialist,

Monroe Youth and Family Center,

Mother of recovered young woman

Parent Concerns and Challenges

- **Safety of student**
- **Medical/mental health risks**
- **Lack of communication from student (ED thrives); lack of communication from college administration, medical staff, therapists, professors (HIPPAA regulations)**
- **Not aware of college resources: Make screening and mental health access and resources easily accessible through parent newsletters; freshmen orientation, residence halls**

Ralph Manchester MD
Director, University Health Services
University of Rochester

UHS Director's Clinical Concern

- **How to identify students who have an eating disorder?**

UHS Director's Administrative Concern

- **How to help students who are sick and in denial or otherwise refusing to enter treatment**

Ronke Lattimore Tapp

Staff Psychologist/Assistant Director of Multiculturalism
University Counseling Center, University of Rochester

Staff Psychologist Challenges and Concerns

1) **Working within a short term framework (vs. long term treatment)**
2) **Collaborating with medical and nutritional professionals**
   - **a. Availability of trained professionals (ED expertise)**
   - **b. Internal (on staff) vs. External treatment teams**
3) **Community referrals**
   - **a. Availability**
   - **b. Age cohort for treatment groups, etc.**
   - **c. Insurance issues for long term treatment**
   - **d. Outpatient treatment constraints for full time student schedules**
4) **Confidentiality and collaborating with university/campus resources**
5) **Confidentiality and family involvement**

Erin Halligan, Ph.D. candidate, MSEd, NCC
Assistant Director for Student Support Services in the Office of the Dean of Students

Office of the Dean of Students
University of Rochester

- **CARE Network**
  - **Open to all faculty, staff, students, and parents**
  - **A place to identify students who are in or heading toward distress**
  - **Connect students with appropriate campus resources**

Office of the Dean of Students Challenges

- Identifying and tracking the eating disorder over time
- Balancing client confidentiality with a desire to assist
- Keeping students compliant with their behavioral contract
- Ultimately deciding if a student is healthy enough to remain in school
  - Does the school have the resources needed to help this student, are academics still the primary responsibility?

Amy Campbell JD MBE

Assistant Professor,

Center for Bioethics and Humanities and Department of Psychiatry, SUNY Upstate Medical University and Syracuse University College of Law

Primary Legal Challenges

- **Capacity**
  - **“Competence”**
  - **Developing autonomy**
  - **Mental health concerns**
  - **Harm to self**
- **Confidentiality & Disclosure**
  - **Rights**
  - **Responsibilities**
  - **Parental (or other support) role**
  - **Payment**

Where Law Meets Clinical and Ethical Considerations

- **HIPAA / Confidentiality**
  - **Confronting mis-/over-interpretations**
  - **Best interest / what "harm" of most concern? And whose perspective?**
- **Ongoing nature of treatment**
- **Partnership between primary care / MH**
- **Partnership between college health & community HC Providers**
- **"Contracts" for compliant behavior**
  - **Coercion / Persuasion**

AUDIENCE FEEDBACK

STAKEHOLDER PERSPECTIVES ON STRATEGIES TO IMPROVE CONNECTION AND COMMUNICATION

Carson Simms
University of Rochester Alumnus
and Recovered Individual

Student Perspective on Promoting Connection and Communication

- Campus support
- Staff-led support groups
- Qualified “Treatment Team”(including physician, therapist, dietician) all tracking the student’s progress.

Bharti Dunne

Outreach Specialist,

Monroe Youth and Family Center,

Mother of recovered young woman

Parent Perspective on Promoting Connection and Communication

- **Screening tools: The SCOFF questionnaire: Freshmen orientation package; student consent forms during orientation: emphasis on mental health**
- **Educate RA's to help identify: have student consent forms as part of housing/dorm contracts**
- **UR "CARE" program ** as an example of "CPS" for mental health students at risk**
- **Campus counseling: awareness of evidenced based treatment: incorporation family therapy through phone sessions/skype**
- **Mentoring for other parents**
- **Support groups**
- **AWARENESS PROGRAMS AND EVENTS through resources that target college students**

Ralph Manchester MD
Director, University Health Services
University of Rochester

UHS Director Strategies to Promote Connection and Communication

DSM-IV-TR diagnostic criteria for anorexia nervosa

Refusal to maintain body weight at or above a minimally normal weight for age and height (eg, weight loss or failure to gain weight that leads to a body weight less than 85 percent of that expected for age and height).
Intense fear of gaining weight or becoming fat, even though underweight.
Disturbed perception of one's body weight or shape, undue influence of weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
In postmenarcheal females, amenorrhea, ie, absence of at least three consecutive menstrual cycles. Menstruation that occurs only after hormonal treatment, eg, estrogen, is considered amenorrhea.

Adapted from: American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 4th Ed, Text Revision, Washington, DC 2000. p.589.

DSM-IV-TR diagnostic criteria for bulimia nervosa

Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
Eating, in a discrete period of time (eg, within any two-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
A sense of lack of control over eating during the episode (eg, a feeling that one cannot stop eating or control what or how much one is eating).
Recurrent inappropriate compensatory behavior to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months.
Self-evaluation is unduly influenced by body shape and weight.
The disturbance does not occur exclusively during episodes of anorexia nervosa.
Specify type:
Purging type: during the current episode of bulimia nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.
Nonpurging type: during the current episode of bulimia nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Adapted from American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000, p. 594.

The SCOFF questionnaire, which consists of five questions

- **Do you make yourself Sick because you feel uncomfortably full?**
- **Do you worry you have lost Control over how much you eat?**
- **Have you recently lost more than14 pounds in a three month period?**
- **Do you believe yourself to be Fat when others say you are too thin?**
- **Would you say that Food dominates your life?**

2 or more yes answers: 78% sens, 88% spec?

The Eating disorder Screen for Primary care (ESP)

- Are you satisfied with your eating patterns? (No is abnormal)
- Do you ever eat in secret? (Yes is abnormal)
- Does your weight affect the way you feel about yourself? (Yes is abnormal)
- Have any members of your family suffered with an eating disorder? (Yes is abnormal)
- Do you currently suffer with or have you ever suffered in the past with an eating disorder? (Yes is abnormal)

2 or more abnl answers: 100% sens, 71% spec

Eating Attitudes Test (EAT) is one of the most widely used self-report eating disorder instruments. The 26-item version has an accuracy rate of at least 90 percent when screening patients for the presence of a DSM-IV eating disorder, using a cutoff score of 20.

The Primary Care Evaluation of Mental Disorders Patient Health Questionnaire screens for and provides a categorical DSM-IV diagnosis for bulimia nervosa, as well as depressive, anxiety, alcohol, and somatoform disorders. It has good diagnostic validity overall (sensitivity 75 percent, specificity 90 percent), excellent diagnostic validity for eating disorders (sensitivity 89 percent, specificity 96 percent), and the median physician time to review the results is one to two minutes.

Ronke Lattimore Tapp

Staff Psychologist/Assistant Director of Multiculturalism
University Counseling Center, University of Rochester

Staff Psychologist Strategies to Promote Connection and Communication

1) Training on determining short-term focus
   - a. Motivation/commitment to longer term therapy
   - b. Maintenance focus
2) Advocating for key staff positions (e.g., nutritionist, ED specialist, etc.)
3) Encourage relevant training for staff/supervising staff
4) Working on development of ED treatment team (internal collaboration with health services)
5) Increasing knowledge and connections with referral resources (advocate for specific needs/resources for our clientele)
6) Utilize and collaborate with campus resources for identifying students in need/students of concern
7) Utilize internal team (parent support and liaison) to address parent concerns w/o violating client confidentiality
   - a. Consider options for family involvement internally
   - b. Increase knowledge of and connections with community referral resources for family therapy

Erin Halligan, Ph.D. candidate, MSEd, NCC
Assistant Director for Student Support Services in the Office of the Dean of Students

Office of the Dean of Students Strategies to Promote Connection and Communication

- Use of the CARE Network to increase interdepartmental communication and support
- Not under HIPPA, so it's easier to speak with parents
- Case manager at UCC who tells us if a student is non-compliant with their behavioral contract
- Case conferences

Amy Campbell JD MBE

Assistant Professor,

Center for Bioethics and Humanities and Department of Psychiatry, SUNY Upstate Medical University and Syracuse University College of Law

Attorney Perspective on Strategies to Improve Connection & Communication

- **Considering all key stakeholders & their perspectives *but also* legal boundaries on "right to know"**
- **Working with pt. to "waive" (some) confidentiality**
  - **Consider non-parental supports who may be involved**
- **Avoiding seeing law as block to "good" care**
  - **….but being mindful of law AND danger of misinterpretation AND not ignoring others' perspectives**

AUDIENCE FEEDBACK