

**Counseling College Women Experiencing Eating Disorder
Not Otherwise Specified:
A Cognitive Behavior Therapy Model**

Sarina:

1. Although the “Counseling College Women” article suggests utilizing CBT to treat young women with eating disorders, what are the limitations for student affairs professionals who are walking alongside students that are struggling with an eating disorder? At what point do we refer our students to the appropriate professionals on campus?

2. How do we approach a student that we may suspect be struggling with an eating disorder? Has anyone experienced doing this while working in higher education?

Ashley:

Discussion Questions: “Anorexic Eating Attitudes and Behaviors” and “Counseling College Women”

1. What are some ways to engage good eating habits?
2. What are some resources we could provide with information on eating disorders?
3. How can we as student affair professionals provide awareness to other students?
4. What department could we collaborate with for events/ forums on eating disorders?
5. Why should we even care about eating disorders amongst college students?

Alysha:

1. Both articles discuss how eating disorders are clearly not just a female issue. How might our approaches to eating disorder prevention and support differ for different genders?
2. What role can student affairs professionals play in the prevention of these types of disorders? Think about the

different causes of eating disorders that both articles talked about.

Paloma:

Nelson, 1999

1. How different would the results look if this research study were done with different demographics? (Students of color, west coast or east coast?)
2. If you had to opportunity to redo this research what other factor would you assess? (comparing family climate, parent child dynamics, self concepts, and looking at eating attitudes and present psychological distress) -- community and culture during upbringing

Lindsay

1. What is the foundational element that **MUST** be present in order to counsel a female student with ENDOS?
2. What are some examples of Western culture influences on body image? Are there any elements of pop culture that challenge these influences?
3. What kind of programs can be done to bring self-awareness about AN, BN, EDNOS? Would programming on self-image or an event providing resources be beneficial on your campus?

“Anorexic Eating Attitudes and Behaviors”

Brief Summary:

- Article about gender differences in eating attitudes and behaviors in a sample of 471 undergraduate college students.
- Anorexic symptomatology was found for 20% of the females and 10% of males
- Influences on eating disorders; intrapsychic conflict, self deficits, family dynamics, sociocultural norms, sexual trauma, biological and genetic factors,

- There is more literature on females
 - *Problem Eaters*
 - 35% females
 - 32% males
 - Had poorer self image (*Females*)
 - Were characterized by lack of acceptance of their bodies and poor personal self-esteem.
 - *Non Problem Eaters*
 - 33% females
 - 33% males
 - View themselves in a more positively way (*Females*)
 - Scored higher in: Personal Self, Moral Ethical Self (*Females*)
 - Did not score high in Family Self (*Females*)
 - Less psychological distress (males)
- Different Assessments:
 - Family Environment Scale
 - Children's Report of Parent Behavior Inventory
 - 100 item Tennessee Self Concept Scale
 - Global Severity Index of Brief Symptom Inventory

“Counseling College Women”

Brief Summary:

- Article is about eating disorders among college female clients
- 25% and 40% of women experience moderate eating problems that often include extreme worries about body image, excessive weight management strategies and out of control eating episodes
- Eating related concerns and disorders occur among various ethnic and cultural groups
- Increasingly appears among Westernized racial and ethnic populations
- College counselors need the knowledge and skills to provide effective treatment for those clients

- CBT: Cognitive Behavior Therapy eating disorders treatment model

AN: Anorexia Nervosa

is dedicated to the achievement of thinness through extreme dietary restraint and other compensatory behaviors

- Fearful of gaining weight or being fat and has strong fears of losing control and becoming overweight
- Period of extreme weight loss: significant changes to her mood, behavior, and physical health can occur, including depression, social withdrawal, food preoccupation etc.

BN: Bulimia Nervosa

is the recurrent episodes of binge eating during which the client consumes large amounts of food and experiences a lack of control over eating

- Behaviors include: self induced vomiting, laxative abuse, use of diuretics, fasting, or excessive exercise
- bingeing episodes must occur at least twice a week for a period of at least 3 months

Assessment of EDNOS:

Eating disorder not otherwise specified: by far the most common eating disorder that college counselors are likely to encounter in routine clinical practices

- Establish a trusting relationship with a counselor
- Eating Disorders Examination: Eating Disorder Inventory-3: assess actual symptoms, ascertain the appropriate level of treatment
- Counselors should assess for the presence of comorbidity, including mood or anxiety disorders, substance misuse, self-injury, clinical perfectionism, core low self esteem, and personality traits or disorders
 - They have disordered eating symptoms that are sub threshold and do not quite meet criteria for either AN
 - They experience a combination of symptoms characteristic of both AN and BN

- They might engage in recurrent episodes of binge eating in the absence of extreme methods of weight control

CBT Model of Eating Disorders

- CBT is the treatment of choice for individuals with BN
- CBT is also deemed effective for women experiencing EDNOS
- CBT model of disordered eating is central to conceptualizing the mechanisms maintaining the problem
- Client may learn to over evaluate the importance of weight, shape, and control over her weight and shape in determining her sense of self worth

CBT Counseling for EDNOS

Phase 1

- A. Build a therapeutic relationship with the client to enhance motivation and commitment
- B. Establish weighing procedures
- C. Provide psycho education
- D. Introduce regular eating patterns
 - a. Relationship Building Motivation and Commitment
 - b. Establish weekly weighing procedures
 - c. Provide Psycho education
 - d. Introduce regular eating patterns

Phase 2: Important for counselor to assess for client improvement in functioning because of early response to CBT

Phase 3: Begins with a focus on the client's beliefs and behaviors that stem from her overvaluation of weight and shape

Phase 4: CBT helps a client experiencing EDNOS to explore the idea of termination of therapy and using CBT behavioral and cognitive strategies on her own without the ongoing support of a counselor