



King George County Schools

From the Office of Student and Family Services

T.I.P.S. for Parents: Eating Disorders Educational Information

Dear Parent of Students in Grades Five through Twelve:

Eating disorders are serious health problems that usually start in childhood or adolescence and affect both girls and boys. With early diagnosis, eating disorders are treatable with a combination of nutritional, medical, and therapeutic supports.

In 2013 Virginia General Assembly passed a law requiring each school board to provide parent educational information regarding eating disorders on an annual basis to students in the fifth through twelfth grades.

It is important to note that eating disorders are not diagnosed based on weight changes as much as behaviors, attitudes, and mindset. Symptoms may vary between males and females and in different age groups. Often, a young person with an eating disorder may not be aware that he/she has a problem or keeps the issues secret. Parents/guardians and family members are in a unique position to notice symptoms or behaviors that cause concern. Noting behaviors common to people with eating disorders may lead to early referral to the primary care provider. It is important for eating disorders to be treated by someone who specializes in this type of care.

In King George County Schools (KGCS):

1. Students engage in lessons regarding healthy eating and mental health awareness through their Health and PE classes using the Virginia Health SOLs. To view the Virginia Health SOLs, visit <https://www.doe.virginia.gov/teaching-learning-assessment/instruction/health-education>.
2. During the first week of Health class, Health and PE teachers send the 'TIPS: Eating Disorders Educational Information' to all parents of students in grades 5-12 who are enrolled in PE.
3. KGCS provides this and other required notifications annually in the Student and Family Handbook and on the KGCS website at <https://www.kgcs.k12.va.us/>.

Please review the following TIPS sheet for more information on recognizing the signs of an eating disorder. If you think your child may be showing signs of a possible eating disorder, please contact your primary health care provider, school nurse, or one of the resources listed below.

Academy for Eating Disorders (AED)

<http://www.eatingdisorderhope.com/information/help-overcome-eating-disorders/non-profits-organizations/aed>

Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.)

www.feast-ed.org

National Eating Disorders Association

www.nationaleatingdisorders.org

Toll free, confidential Helpline, 1-800-931-2237

Additional resources may be found at the Virginia Department of Education (*under the section titled 'Eating Disorders'*)

http://www.doe.virginia.gov/support/health_medical/index.shtml

Sincerely,

Office of Student and Family Services
King George County Schools



What Are Eating Disorders?

Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships. They are not a fad, phase or lifestyle choice. They are potentially life-threatening conditions affecting every aspect of the person's functioning, including school performance, brain development, emotional, social, and physical well-being. Eating disorders can be diagnosed based on weight changes, but also based on behaviors, attitudes and mindset. Be alert for any of these signs in your child.

Key things to look for around food:

- Eating a lot of food that seems out of control (large amounts of food may disappear, you find a lot of empty wrappers and containers hidden)
- Develops food rules—may eat only a particular food or food group, cuts food into very small pieces, or spreads food out on the plate
- Talks about or focuses a lot on weight, food, calories, fat grams, and dieting
- Often says that they are not hungry
- Skips meals or takes small portions of food at regular meals
- Cooks meals or treats for others but won't eat them
- Avoids mealtimes or situations involving food
- Goes to the bathroom after meals often
- Uses a lot of mouthwash, mints, and/or gum
- Starts cutting out foods that he or she used to enjoy

Key things to look for around activity:


- Exercises all the time, more than what is healthy or recommended despite weather, fatigue, illness, or injury
- Stops doing their regular activities, spends more time alone (often in order to spend more time exercising)

Physical Risk Factors:


- Feels cold all the time or complains of being tired all the time.
- Likely to become more irritable and/or nervous.
- Any vomiting after eating (or signs of vomiting – smell, clogged shower drain)
- Any use of laxatives or diuretics (or you find empty packages)

Other Risk Factors:

- Believes that they are too big or too fat (regardless of reality)
- Asks often to be reassured about how they look
- Stops hanging out with their friends
- Not able to talk about how they are feeling
- Reports others are newly judgmental or “not connecting”



Eating disorders affect both males and females of all ages.



Weight is NOT the only indicator of an eating disorder, as people of all sizes may be suffering.

Communicating with your child

- Eating disorder sufferers often deny that there is a problem
- Educate yourself on eating disorders
- Ask what you can do to help
- Listen openly and reflectively
- Be patient and nonjudgmental
- Talk with your child in a kind way when you are calm and not angry, frustrated, or upset
- Let him/her know you only want the best for him/her
- Remind your child that he/she has people who care and support him/her
- Be flexible and open with your support
- Be honest
- Show care, concern, and understanding
- Try to be a good role model- don't engage in 'fat talk' about yourself
- Understand that your child is not looking for attention or pity
- Seek professional help on behalf of your child if you have ANY concerns

If Your Child Shows Signs of a Possible Eating Disorder

Seek assistance from a medical professional as soon as possible; because they are so complex, eating disorders should be assessed by someone who specializes in the treatment of eating disorders. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.

Eating Disorders Awareness in the Public School Setting

From the Virginia Department of Education at <https://www.doe.virginia.gov/programs-services/student-services/specialized-student-support-services/school-health-services/school-health-guidance-resources>

Authorization

The *Code of Virginia* requires that each school board provide educational information regarding eating disorders to parents of students in grades 5 through 12 on an annual basis.

§ 22.1-273.2. Parent educational information regarding eating disorders.

Each school board shall annually provide parent educational information regarding eating disorders for pupils in grades five through 12. Such information shall be consistent with guidelines set forth by the Department of Education.

Overview

According to the National Eating Disorders Association (NEDA, 2020):

“Eating disorders are serious but treatable mental and physical illnesses that can affect people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes, and weights. While no one knows for sure what causes eating disorders, a growing consensus suggests that it is a range of biological, psychological, and sociocultural factors. Eating disorders are not fads or phases, and can have serious consequences for health, productivity, and relationships.

Eating disorders can develop or re-emerge at any age. Eating disorder specialists are reporting an increase in the diagnosis of children, some as young as five or six. Many eating disorder sufferers report that their thoughts and behaviors started much earlier than anyone realized, sometimes even in early childhood. Although most people report the onset of their eating disorder in their teens and young adulthood, there is some evidence that people are being diagnosed at younger ages.

It is not clear, whether individuals are actually developing eating disorders at younger ages or if an increased awareness of eating disorders in young children has led to improved recognition and diagnosis.”

Hill, Reid, Morgan & Lacy (2010) further report, “Despite relatively low prevalence from a public health perspective, eating disorders have a high mortality and morbidity that can be drastically reduced with effective treatment.”

A clinical report by the American Academy of Pediatrics (AAP, 2014) states that the number of children with eating disorders has increased steadily since the 1950's. The report further explains that, “the epidemiology of eating disorders has gradually changed; there is an increasing prevalence of eating disorders in males and minority populations in the United States.” It also reports that, “from 1999 to 2006, hospitalizations for eating disorders increased most sharply -119 percent- for children younger than 12 years.”

According to the AAP website (2020), “males get eating disorders as well, with increasing prevalence now than in years past. They are actually more likely than females to get binge-eating disorder, and, by the latest estimates, they account for about 15 percent of cases of anorexia nervosa.”

The purpose of this document is to provide best practice guidelines for developing a local policy for distributing educational information to parents/guardians regarding eating disorders.

Recommendations

In compliance with the *Code of Virginia* § 22.1-273.2, each school board shall adopt policies to provide parents educational information on eating disorders for students in grade 5 through 12 on an annual basis.

Early detection and treatment of eating disorders offer the best opportunity for positive outcomes and minimal long-term consequences. Educational materials should include, at a minimum, the following science-based information:

- A description of eating disorders and associated health consequences;
- A description of how eating disorders are identified (i.e., warning signs and symptoms);
- A statement describing why it is important to screen for eating disorders (early detection and treatment);
- A description of eating disorders screening;
- Information on referral for assessment, diagnosis, and treatment; and
- A description of prevention efforts and potential treatment.

Local policy should include the timeline for dissemination of information on an annual basis. There must be a clear delineation of such health information from other administrative documentation. Educational materials should be provided to parents/guardians using typical communication methods for the local school division. Examples include, but are not limited to:

- Information included in the student handbook;
- A letter home in the report card;
- Information posted to the school website;
- Information on school or division newsletter; and
- An email communication.

Prevention Efforts

School communities are uniquely positioned to assist with eating disorder prevention efforts. School divisions are encouraged to educate teachers, staff, counselors, coaches, and administrators on strategies for reducing negative risk factors and increasing protective factors.

Topics such as body image, self-esteem, weight stigma, intuitive eating, and media literacy are valuable to all members of a school community. All adults should be encouraged to serve as positive role models and should resist the urge to comment on the physical appearance or weight of students.

Optional Screening Program

Research shows (Austin et al., 2008) that population screening for eating disorders in high schools may identify at-risk students who may benefit from early diagnosis and intervention. Screening for eating disorders may ensure that early cases are detected and referred for appropriate follow up. However, population screening may have possible harmful effects for the vulnerable students involved. If screening is conducted, it should be done with a validated measure that is appropriate for the target age group. Should the local school division decide to conduct eating disorders screening, the following guidance is provided.

Screening program. The tool used for screening should be evidence-based and age appropriate. Local policy should clearly indicate which grade levels are screened, and whether screening is conducted on an annual basis. As required by the *Code of Virginia* § 22.1-273.2, the division must provide educational information to parents/guardians of students in grades 5 through 12 regardless of whether or not optional screening is conducted.

Personnel and training. Training needs will be directly related to the screening tool selected. Training for school personnel should be conducted by qualified licensed practitioners. Training should be conducted before the initial screening and as needed in subsequent years. School staff most qualified to perform eating disorders screening include school psychologists, school social workers, school counselors, and school nurses. Confidentiality of student health information shall be included in the training session. Because of the sensitive nature of eating disorder screening, volunteers should not be utilized.

Written notice of screening. School divisions conducting optional eating disorders screening shall provide written notice to parents/guardians a minimum of ten (10) business days prior to screening. The written notice shall include:

- The purpose of screening;
- Information indicating when the screening will occur;
- The procedure for notifying parents/guardians of students who are identified as needing follow-up for further testing/screening; and
- The procedure for parents/guardians to opt-out of screening for their child.

Referral and Follow-Up. School divisions will determine the threshold for referral based upon the specific tool used for screening. Parents/guardians of all students who are identified as possibly “at risk” according to the screening tool will be notified by school personnel conducting the screening. Parents/guardians should be encouraged to schedule a follow-up evaluation for their children with their health care provider and/or a qualified eating disorders specialist. School divisions may request a notice of receipt from the parent, indicating the receipt of the referral and plans for follow-up care.

Documentation. Documentation of screening and referral should be maintained in a confidential manner according to the *Family Educational Rights and Privacy Act*.

Resources

[Eating Disorder Hope](#)

[Academy of Nutrition and Dietetics \(AND\)](#)

[American Academy of Pediatrics \(AAP\)](#)

[American Psychological Association \(APA\)](#)

[Families Empowered and Supporting Treatment of Eating Disorders \(F.E.A.S.T.\)](#)

[National Association of Anorexia Nervosa and Associated Disorders](#)

[National Association of School Nurses \(NASN\)](#)

[National Eating Disorders Association \(NEDA\)](#)

[National Institute of Mental Health](#)

Educational Materials

[Academy for Eating Disorders video library](#)

[EDucation and INsights on Eating Disorders \(EDIN\)](#)

[National Association of Social Workers \(NASW\)](#)

[NEDA Coach & Athletic Trainer Toolkit](#)

[NEDA Educators Toolkit](#)

[NEDA Parent Toolkit](#)

[NEDA School & Community](#)

References

Austin, S.B., Ziyadeh, N.J., Forman, S., Keliher, A., and Jacobs, D. (2011). Eating Disorders Referral Rates Improved by Community-Led Nationwide Screening in U.S. High Schools. Children's Hospital, Boston, MA.

Austin SB, Ziyadeh NJ, Forman S, Prokop LA, Keliher A, Jacobs D. Screening high school students for eating disorders: results of a national initiative. *Prev Chronic Dis*. 2008;5(4):A114.

Committee on Adolescence (2003). Identifying and Treating Eating Disorders. *Pediatrics* 111:1, 204-211.

Funair, M. (2013). Detecting symptoms, early intervention, and preventative education: eating disorders and the school age child. *NASN School Nurse*, 28, 163-166.

Hill, L.S., Reid, F., Morgan, J.F., and Lacey, J.H. (2010). SCOFF, the Development of an Eating Disorder Screening Questionnaire. *International Journal of Eating Disorders*, 43:4, 344-351.

Rosen, D. S. and Committee on Adolescence (2010). Identification and management of eating disorders in children and adolescents. *Pediatrics*, 126, 1240-12-53.