



Shared from the UCSD Eating Disorders Centre Website

The UCSD Eating Disorder Center is located in San Diego, CA. They aim to share knowledge on anorexia nervosa, bulimia nervosa, binge-eating disorder, and other topics related to eating disorders & recovery

## Ten Things Parents Wish Educators Knew About Eating Disorders

**1. Eating disorders are “real” and deadly illnesses and having one is not a choice.** Your reaction, as an administrator or teacher, to a disclosure of an eating disorder should be the same as if you were told a child had leukemia. Facts: certain eating disorders have a mortality rate as high as 20%, eating disorders are up to 80% genetic, and they are biological in nature. Treatment has to be the number one priority, and the medical and psychological needs of the student should drive how school absences, attendance and other issues are handled. Be aware that boys get eating disorders, people of color get eating disorders, and it’s happening in younger and younger children.



**2. Parents want to work with you, not against you.** We understand that most of society is not educated about eating disorders and many myths persist. We don’t blame you if you are not initially well-informed, but once we share our knowledge and provide resources, we expect you to bring your knowledge up to date so you can best serve your students.

**3. Parents and families don’t cause eating disorders.** It used to be the medical “truth” that “refrigerator mothers” (cold, unfeeling, non-bonded) caused autism. We now understand that parenting has nothing to do with autism developing. As with autism, families don’t cause the disease of eating disorders, but how they manage them is very important to a child’s well-being. We need your support and understanding as we fight to save our children.

**4. One of the most challenging aspects of an eating disorder is anosognosia** (a term meaning that the patient truly does not know he/she is sick). Eating disorder sufferers may perform at very high levels academically, athletically, and in other extracurricular activities. You cannot tell just by looking at someone whether or not he/she has an eating disorder. One can have very serious medical and psychological issues and not be stereotypically thin as you might imagine.

**5. Talking about dieting or weight in front of your students can be extremely detrimental** since they often look up to and emulate their teachers. Be body-positive, “exercise-is-fun,” “everything-in-moderation” role models. Please do not give assignments that involve reading food labels, counting calories, and keeping food diaries. Recent studies show that nutrition education, anti-obesity campaigns, and BMI

testing do not have a positive impact on obesity and tend to have unintended negative consequences in terms of promoting disordered eating, which can in turn trigger an eating disorder in those who are genetically vulnerable.

**6. Pay attention to your students, and if you notice something amiss, alert the parents.** This includes throwing lunches away, bringing treats for friends and not eating any, new or intensified moodiness and social isolation, and indications of self-harm. These signs, especially in a student who is a high academic performer, are red flags. Parents may not notice the symptoms or may be in denial; please don't let the feeling of discomfort prevent you from having a conversation and following up. This can be a matter of life and death. Approach parents in a way that doesn't put them on the defensive, such as, "I am concerned about your child's health ...". Having resources to share with a parent can be very helpful; there are links at the bottom of this page.

**7. At all levels, recognize that social isolation is a symptom of the disease, and reintegrating into the social sphere is both a sign of recovery and can be very difficult to navigate.** Work with parents on 504 plans, Individualized Education Plans, independent contracts, and other accommodations to allow students to come back to school and participate in activities as their health allows. Would you tell a student who missed three months for chemotherapy that he/she couldn't go to prom or walk at graduation? This is the same thing - please don't push our children out because they are inconvenient for the school's schedule. Recovering only to find you have no life to return to is cruel; due to social stigma and ignorance, this happens too often to children with eating disorders.

**8. Support our children's return to school with the appropriate meal-monitoring and modified schedules that their treatment team suggests.** A supportive school environment can make all the difference in a child's recovery and we will be so grateful for your help.

**9. Address bullying whenever and wherever it occurs.** More students will feel confident about sharing the nature and details of their illness if they understand that the school culture is one of warmth and support versus gossip and bullying. Our children should not have to feel fear or shame about disclosing an eating disorder any more than if they disclosed any other serious illness. Reinforce the idea that good friends seek out trusted adults to share concerns with; many kids are hesitant to "tell" on a friend for bullying because they are not confident that their concerns will be appropriately or confidentially handled, and they fear backlash.

**10. Know the signs of a possible eating disorder:**

- Fear of certain foods—especially fats and carbs
- Anger at others if pressed to eat something
- Avoiding situations where communal eating is expected
- Dieting
- Assigning moral value & rigid distinction to foods ("clean/dirty", "good/bad")
- Social withdrawal

- Reports others are newly judgmental or “not connecting”
- Inability to describe emotions
- Spending a lot of time in the bathroom
- Exercising intensely but without pleasure
- Exercising to compensate for eating
- Signs of self-harm

With a lifetime prevalence of as high as 1 in 30 people, the odds are great that you will encounter more than one student with an eating disorder in your career. Your knowledge and empathy can positively impact precious lives and help families.

This list was inspired by [“Ten Things I Wish Physicians Would Know About Eating Disorders”](#) written by Edward P. Tyson, M.D.

Thanks to the dedicated Warrior Mamas of Mothers Against Eating Disorders (MAED) for their assistance in compiling this Top 10 List. The group’s support can be accessed via a [closed Facebook Page](#). MAED welcomes all to join our [Advocacy and Activism page](#)

**Further information can be found at:**

- Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.): <http://www.feast-ed.org/>
- The Eating Disorder Coalition website: [www.eatingdisorderscoalition.org](http://www.eatingdisorderscoalition.org)
- The Alliance for Eating Disorders: [www.allianceforeatingdisorders.com](http://www.allianceforeatingdisorders.com)



*Jennifer Denise Ouellette is a member of the [Parent Advisory Committee \(PAC\)](#) at the UCSD Eating Disorders Center. The PAC is a group of parents with children who have completed the UCSD adolescent eating disorders program and whose role is to support new parents as they enter the program.*