## Warning Signs of Eating Disorders

- Intense preoccupation with food, weight, exercise, and body image
- Feeling fat, despite being normal or underweight
- Excessive self-criticism regarding body size or shape
- Loss or gain of significant amount of weight
- Constant complaints of feeling bloated or too full after meals
- Inability to recognize hunger or satiety; eating in response to external rules or cues rather than internal needs and desires
- Feeling guilty after eating
- Regularly skipping meals, avoiding situations where food is involved, or disappearing into the bathroom after meals
- Self-induced vomiting
- Abuse of laxatives, diuretics, and/or diet pills
- Exercising excessively or compulsively in order to control weight or "burn calories"
- Being secretive or defensive about eating habits; becoming anxious or hostile when forced to deviate from them
- Needing to check weight every day, or several times a day

 Mood and self-evaluation depend on weight or food consumed that day n addition, the following physiological signs may be present. If so, this is often an indication of a serious eating disorder, requiring more aggressive intervention.

**Anorexia:** Unwillingness or inability to maintain weight at or above 15% below normal body weight for age and height, absence of menses, paleness with dark circles around eyes, complaints of feeling cold, dizziness or fainting spells, arrhythmia, susceptibility to infections or inability to recover from injuries, head hair loss but growth of fine hair on the body, bone loss, difficulty with memory and concentration.

**Bulimia:** Swollen glands, puffiness in the cheeks, broken blood vessels under the eyes, complaints of chronic sore throat, dental erosion, inflammation of gums, gastrointestinal bleeding, menstrual irregularities, weight fluctuations, dehydration, arrhythmia, headaches, loss of ability to regulate food intake, difficulty with memory and concentration.

**Binge Eating Disorder:** Rapid or extreme weight gain, extreme weight fluctuations, loss of ability to regulate food intake, weight-related hypertension, joint problems, diabetes, and shortness of breath.

For more information, stop by the Counseling and Psychological Services at 107 Eickhoff Hall or call 771-2247 during office hours (M-F, 8:30 am – 4:30 pm).

Confidentiality is strictly maintained in accordance with all applicable laws and professional ethical codes.

### Adapted from "How to Help a Friend With an Eating Disorder" (Princeton University Health Services)



# How to Help a Friend With an Eating Disorder

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- Know the warning signs and educate yourself about eating disorders and the resources available to treat them. Information on eating disorders and treatment resources are available through the Counseling and Psychological Services webpage.
- 2. Be direct, gentle, and honest. Avoiding or ignoring it won't help. It is important to discuss your concerns early on, rather than waiting until your friend's health and well-being is in serious jeopardy. Pick a time when you and your friend can both talk and are not rushed or distracted by other things.
- Express concern, not criticism and judgment. Be specific about what signs and behaviors have caused your concern, but avoid labels and accusations. Try to focus on your concerns and feelings regarding your friend's physical and emotional well-being, rather than on weight or physical appearance.
- 4. **Offer support.** Offer to share the information you have gathered about eating disorders and the resources available to treat them. Open the door to discussion and tell your friend that you are there to listen or to help in any way you can.
- 5. Avoid becoming overly involved. Don't take on the responsibility for either changing your friend's behavior or for seeing that s/he gets help. Monitoring your

friend's eating habits or pushing your friend into treatment will only result in resentment and a breakdown of communication. You can suggest that your friend meet with a staff member at the Counseling and Psychological Services (CAPS) or Student Health Services (SHS) for a consultation, but if s/he is not ready, don't insist. It may take time, but your friend will be more likely to take your advice if you do not get into a power struggle with him/her.

- 6. Be patient. It may not only take time for your friend to seek out the help s/he needs, but it may also take time for help to be effective. An eating disorder is not simply a problem with food or weight. It is an attempt to cope with complex underlying emotional issues, and thus can take time to resolve. Remember, it takes years to develop an eating disorder, and it may require as much time and hard work and a lot of support from family and friends, to recover from one.
- 7. Tell someone. If you have serious concerns about your friend's current health and s/he is not willing to seek professional help, you may need to tell someone. Since it may be difficult to discern if or when you need to tell someone, consult with a staff member of CAPS or SHS to help you determine if there is an urgency to intervene. Call or stop by our office to request a "Friends Helping Friends" appointment.

### What is "Friends Helping Friends"?

It is an opportunity to receive confidential consultation from a therapist regarding your concerns for your friend. A concerned individual or a group of friends can come and speak with a therapist. After reviewing your concerns, the therapist can provide some suggestions for helping your friend and ways of referring your friend to appropriate professional help. Call Counseling and Psychological Services at 771-2247 for more information or to request a "Friends Helping Friends" appointment.

#### **Available Services and Resources:**

The Eating Disorders Treatment Team (EDTT) is a multi-disciplinary team of professionals – including a psychologist, a nurse practitioner, an athletic trainer, a consulting psychiatrist, and a fee-for-service consulting registered die-titian — who work together to help and support students with eating and body image concerns.

The EDTT can provide:

- Medical evaluation and medical monitoring
- Brief individual counseling
- Group counseling
- Psychiatric consultation and short-term psychiatric monitoring
- Exercise consultation
- Referral to a registered dietitian
- Referral to private therapists or intensive treatment centers, when necessary

Our staff is also available to consult to coaches, Residential Education staff, Student Affairs staff, faculty, parents, friends, and others who are concerned about students who may be struggling with eating, weight, or body image concerns.