EATING DISORDER POLICY

Introduction and Philosophy

1. The Department of Athletics at Illinois State University advocates for the development of healthy and responsible lifestyles for ISU student-athletes, with the goal of long-term enrichment and enhancement of their lives. Behaviors that threaten a healthy lifestyle include disordered eating.

2. The Department of Athletics recognizes that the manifestations of eating disorders reflect the interaction of biological, psychological, and sociological factors in both the development and treatment of eating disorders. Student-athletes are at an increased risk of developing and maintaining patterns of disordered eating due to their participation in elite collegiate sports.

3. The effects of disordered eating can range from mild to severe, depending on the extent of the disorder and the length of time that the individual has engaged in such behaviors, and can affect every aspect of a student-athlete’s life.
   • Medically, disordered eating can have short-term and long-term health consequences ranging from an increased risk of sport-related injury, to death. There is a potential for serious consequences in every system of the body.
   • Psychologically, individuals with eating disorder have an increased risk for depression, anxiety, and suicide. Eating disorders are often associated with obsessive thinking, low self-esteem, perfectionism, and feelings of isolation.
   • Disordered eating can affect athletic and academic performance. Changes in sleep, concentration, focus, and muscle mass can result from disordered eating patterns and nutrient deficiencies, ultimately impacting an athlete’s ability to perform at a high level.

4. Recovery from eating disorders can be a difficult process that takes time. In general, the greater the duration and frequency of disordered eating, the longer it will take for recovery to occur.

5. Body weight/composition is only one factor contributing to athletic performance. There is not substantial evidence linking specific body weight/composition to superior performance in any sport.

6. Each student athlete has a unique body type that is largely influenced by genetics. We wish to emphasize healthy personal improvement in nutrition, body composition, and fitness level, while recognizing individual differences. We hope that the athletic department staff recognizes these individual differences instead of relying on group norms or sport body stereotypes (e.g. all distance runners are thin, gymnasts are small, basketball players are usually tall, etc).

Goals

1. To implement an accessible and effective multidisciplinary approach to the prevention, identification, and treatment of eating disorders. Illinois State University has established an Eating Disorder Network (EDN) to provide help for individuals who have identified themselves or have been identified by others as having disordered eating. This network utilizes multidisciplinary professionals on campus to assist students with obtaining treatment for...
disordered eating. This treatment team may consist of (but is not limited to) a psychologist, physician, dietician, athletic trainer, and sport coach.

2. To diagnose and provide treatment plans for student-athletes struggling with eating disorders.

3. To provide medical, psychological, and/or psychological services to student-athletes while respecting his/her privacy.

**Prevention of Eating Disorders**

1. Preventative nutritional and psychological education will be provided to sports teams identified as “high risk” for eating disorders. For example:
   - Swimming and diving
   - Running (cross country, track and field)
   - Gymnastics

*Please note: Male and female student-athletes from all sports are at risk for developing eating disorders. Preventative education about eating disorders will be made available to all ISU sports teams.*

2. Training and education about eating disorders will be provided for professionals working with student-athletes, including:
   - Coaches
   - Athletic Trainers
   - Strength Coaches
   - Athletic Study Center Staff

3. We encourage coaches to initiate nutritional and body image education throughout the year, utilizing resources from the Athletic Department personnel, Student Counseling Services, Campus Dining, and Student Health Services.

4. **Weight and Body Composition Goals and Measurement**
   - Sport coaches should bring their concerns about a student-athletes’ body weight/composition to the athletic trainer and/or head athletic trainer. The athletic trainer and the student-athlete, in conjunction with medical staff such as physicians, dietitians, and psychologists, will set goals together regarding the student athletes’ weight and body composition. These goals will take into account student athletes’ overall health and sport performance. For example, if a student athlete appears moderately underweight or overweight, yet they are healthy and steadily improving their sport performance, Athletic Department staff should refrain from asking them to modify their body weight/composition.
   - Athletic Department staff should consider each student athlete’s weight and body composition individual and refrain from setting group goals.
   - If the goal-setting team agrees that body modifications are likely to improve the student athlete’s health and performance, athletic department staff will refer the student athlete to a dietician. A dietician should be involved with student athletes’ attempts to gain or lose weight in order to avoid unhealthy eating behaviors.
   - Sport coaches should not weigh student-athletes, measure their body composition, or share weight/body composition information publicly.
• It is common for body composition testing to be used as a measure to training effectiveness. However, frequent measuring of weight and body composition can be harmful to student-athletes. Coaches and trainers should take measurements only when necessary for gauging the training program’s effectiveness.

• Student athletes have the right to access their own weight and body composition information. Student athletes also have the right to refuse this testing. On a case-by-case basis, coaches and trainers may refrain from taking measurements or limit access to that information if contraindicated for health reasons (e.g. an athlete with disordered eating).

• The administrator in charge of a particular sport will be consulted if staff members do not follow these guidelines.

Treatment and Management (Intercollegiate Athletics ED Protocol)
Illinois State University has established an Eating Disorder Network (EDN) to provide help for individuals who have identified themselves or have been identified by others as having disordered eating. This network utilizes multidisciplinary professionals on campus to assist students with obtaining treatment for disordered eating.

Initial Steps: The Referral
1. **Reasonable Suspicion:** Coach or athletic trainer has a strong suspicion that an athlete may have a disordered eating condition. This could be based on but not limited to the following:
   • Behavior observed by the coach on road trips with frequent trips to the bathroom during or following team meals or an athlete who does not eat during team meals.
   • Teammates have expressed concern on behaviors such as frequent bathroom visits after eating, excessive exercise outside regularly scheduled practice, not eating on team trips, in the dorm or apartment when everyone else is eating meals.
   • Obsessive talking about not wanting to get fat, or needing to go exercise, or pushing food around the plate without eating anything.

2. **Athlete Admission of Disordered Eating:** Athlete has a history of disordered eating and one of the following occurs:
   • Athlete admits current concerns to a coach, athletic trainer, teammate or other athletic department personnel.
   • Athlete has been receiving treatment either by counselor, dietician, or physician.
   • Athlete expresses a desire to continue treatment while on campus.

Protocol for Interface of Athletics and the EDN
1. **Sport Coaches and/or teammates should bring their concerns about the student-athlete to the Athletic Trainer in charge of their sport.**

2. The Athletic Trainer may recommend the following based on the information provided:
   • The Athletic Trainer, or another professional who has the most rapport with the student-athlete, will share their observations and concerns with the student-athlete in
caring and non-threatening meeting (see “Approaching a Student-Athlete about Disordered Eating”)

- A teammate may be encouraged to share their concerns directly with the student-athlete of concern, and inform the Athletic Trainer of the results of that meeting.
- A referral will be made to ISU Student Counseling Services for an eating concerns assessment and appropriate services (e.g., counseling).
- A referral will be made to ISU Student Health Services for a physical and medical evaluation.
- A referral will be made to the ISU Campus Dining Services – Registered Dietitian for nutritional counseling.

3. An “Authorization for Disclosure of Health Information for Coordination of Services” form (hereafter referred to as “Authorization”) must be signed by the student-athlete in order for members of the EDN to discuss treatment. The student-athlete will be asked to specifically include the Athletic Trainer on the Authorization in order for the EDN to discuss anything related to the student-athlete’s care (e.g., treatment recommendations, compliance) with the Athletic Trainer.

4. Once an Authorization has been obtained, members of the EDN will collaborate to develop a treatment plan and coordinate additional referrals as needed.

5. See “Disordered Eating Management Protocol”
   - If treatment can be coordinated through an outpatient setting, the EDN will:
     o Establish level of care and medical surveillance
     o Determine appropriate level of Athletics participation
     o Monitor for treatment compliance
   - If condition is more severe or deteriorates:
     o Consider the need for a more restrictive treatment setting (e.g., inpatient disordered eating specialty venues)
   - If the student-athlete is resistant to treatment, may need to consider:
     o Suspension from athletics activities
     o Formulation of a behavioral contract

6. The student-athlete must follow through with treatment recommendations so that he/she will be medically able to participate in his/her sport as would be required for any injury/illness. See the “Sample Contractual Agreement for Continued Athletic Participation in the Active Phase of an Eating Disorder (Noncompliance).”

7. Participation in his/her sport will be based on meeting the medical stipulations as determined by the attending physician.
Definitions of Eating Disorders

**Anorexia Nervosa**

1. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

2. Intense fear of gaining weight or becoming fat, even though underweight.

3. Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

4. In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles.

**Bulimia Nervosa**

1. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
   - eating, in a discrete period of time (e.g., within any 2-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 (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

2. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

3. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.

4. Self-evaluation is unduly influenced by body shape and weight.

5. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

**Eating Disorder Not Otherwise Specified (EDNOS)**

This category is for disorders of eating that do not meet the criteria for any specific Eating Disorder. Examples include:

1. For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses.

2. All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual’s current weight is in the normal range.

3. All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a
week or for a duration of less than 3 months.

4. The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (e.g., self-induced vomiting after the consumption of two cookies).

Behavioral and Physical Signs of an Eating Disorder
The following list may serve only as a guideline for the recognition of disordered eating behaviors. Any one symptom alone may not indicate an eating disorder. Careful observation and awareness of a student-athlete’s behavior will guide identification of an eating problem.

**Anorexia**
1. Behavioral Signs:
   - Reports feeling “fat/heavy” despite low body weight
   - Obsessions about weight, diet, appearance
   - Ritualistic eating behaviors
   - Avoiding social eating situations, social withdrawal
   - Obsession with exercise; hyperactivity --may increase workouts secretly
   - Feeling cold
   - Perfectionism followed by self-criticism
   - Seems anxious/depressed about performance and other events
   - Denial of unhealthy eating pattern --anger when confronted with problem
   - Eventual decline in physical and school performance

2. Physical Signs:
   - Amenorrhea (lack of menstrual periods)
   - Dehydration (not related to workout/competition)
   - Fatigue (beyond expected)
   - Weakness, dizziness
   - Overuse injuries, stress fractures
   - Yellow tint to hands
   - Gastrointestinal problems
   - Lanugo (fine hair on arms and face)
   - Hypotension (low blood pressure)

**Bulimia Nervosa**
1. Behavioral Signs:
   - Excessive exercise beyond scheduled practice
   - Extremely self-critical
   - Depression and mood fluctuations
   - Irregular weight loss/gain; rapid fluctuations in weight
   - Erratic performance
   - Low self-esteem
   - Drug or alcohol use
   - Binges or eats large meals, then disappears
2. Physical signs
   - Callous on knuckles
   - Dental and gum problems (bad breath)
   - Red, puffy eyes
   - Swollen parotid glands (at the base of the jaw)
   - Edema (bloating)
   - Frequent sore throats
   - Low or average weight despite eating large amounts of food
   - Electrolyte abnormalities
   - Diarrhea, alternating with constipation
   - Dry mouth, cracked lips
   - Muscle cramps/weakness

Approaching a Student Athlete about Disordered Eating
1. A coach or staff member who has the best rapport with the student-athlete should arrange a private meeting.

2. In a calm and respectful manner, indicate to the student-athlete what specific observations were made that aroused your concerns. Give the athlete time to respond.
   - Use “I” statements. *(I’m concerned about you because you refuse to eat breakfast or lunch. It worries me to hear you vomiting.)*
   - Avoid “You” statements and discussions about weight or appearance. *(You are too thin and you have to eat? You’re out of control.)*
   - Avoid giving simple solutions. *(If you’d just eat more, everything would be fine!)*
   - Affirm that the student-athlete’s role on the team will not be jeopardized by an admission that problem exists.
   - Suggest that you will follow up with the student-athlete in one week to confirm that he or she has scheduled an appointment with a professional.

3. The student-athlete’s reaction may be one of denial or perhaps hostility. Firmly encourage the student-athlete to meet with a professional for an assessment, acknowledging that outside help is often necessary for eating problems and is not a sign of weakness.

*ISU Eating Disorder Policy Adapted from The Ohio State University Department of Athletics Eating Disorder Protocol, the NCAA Coaches Handbook on Managing the Female Athlete Triad (Sherman & Thompson), and National Athletic Trainers’ Association Position Statement: Preventing, Detecting, and Managing Disordered Eating in Athletes (2008).*