

“Eating Disorders: Identifying symptoms, screening tools, and resources.”

New York State School Social Workers Association
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Discussion Topics

- What are the New York State Comprehensive Care Centers for Eating Disorders (NYCCEC) ?
- Identifying signs and behaviors of eating disorders
- Screening tools to assist in identifying an eating disorder

NY State Comprehensive Care Centers for Eating Disorders

- NY State* has three OMH (Office of Mental Health) grant funded programs that offer access and linkage to eating disorder care and resources.
- Between all 3 centers, every county has access to the FREE services, support, treatment, and education that each CCCED offers.

Only US state to offer this model of continuity of care

- Metropolitan Comprehensive Care Center for Eating Disorders (MetroCCCED)
 - NorthEast Comprehensive Care Center for Eating Disorders (NECCCED)
 - Western NY Comprehensive Care Center for Eating Disorders (WNYCCCED)

Metropolitan Comprehensive Care Center for Eating Disorders (MetroCCCED)

Greater NYC, Westchester, and Hudson Valley

Website: <https://www.columbiapsychiatry.org/join-study/research-clinics/eating-disorders-clinic/metropolitan-comprehensive-care-center-eating>

The Outlook @ NY Presbyterian Hospital
Phone: 1-888-694-5700

Website: <https://www.nyp.org/psychiatry/center-for-eating-disorders/about-the-outlook-at-westchester>

NorthEast Comprehensive Care Center for Eating Disorders (NorthEastCCCED)

Albany / NorthEast Region

Contact Information:
Tammy Colley-Ogden, CTRS, BHS
Maudsley Clinician
Email: ogden@amc.edu
Cell: 518-253-1265
Fax: 518-262-6303

Website: <https://www.albanymed.org/specialty/eating-disorders/>

Western NY Comprehensive Care Center for Eating Disorders (WNYCCCED)

WNYCCCED Services offered:

- Care Management
- Parent Peer Mentoring
- Peer Mentoring
- Life Coaching
- Creative Arts Therapy: Art Therapy & Music Therapy
- *Project ECHO: School Based and Provider ECHO's*

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let's chat...

...what are some signs & behaviors
of
eating disorders ?

- Trends and patterns:

- Dramatic weight loss
- Containers of laxatives, diuretics, diet pills or steroids/preparations that increase muscularity
- Frequent comments about being fat (despite average weight, thinness, or weight loss) or having less muscularity.
- Frequent self-disparaging remarks about one's weight
- Anxiety about being "fat" or gaining weight (even normal amount of weight gain or shape changes r/t puberty) or about being "flabby" and not toned
- Rigid exercise routine (despite illness, fatigue or injury). Includes compulsive weight lifting.
- Increased social isolation

Have open ears to how other students/friends/adults may speak about
weight/health/nutrition/appearance

*Redirect / Role model comments and attitudes:
paying attention and providing education is powerful*

Trends and patterns:

- Binge eating/Overeating (with or without overt emotional triggers)
- Food that disappears or is eaten in secret (wrappers)
- Feeling guilty about what they eat or devaluing themselves
- Preoccupation with weight, food, calories, fat grams, and dieting
- Food rituals
- Equates eating with self-control
- Isolates or gets moody after eating
- Food restriction: Misses meals, skips food groups, cuts out all foods high in fat (and often protein)
- Does not eat with friends or teammates and makes excuses for why s/he doesn't have to eat with them.
- Leaves the table for the bathroom soon after meals

Body Dissatisfaction, Weight Control Behaviors & Eating Disorders

So Just How Many Teens are We Talking About?

	Teen Girls	Teen Boys
• Unhealthy weight control behaviors (e.g., skipping meals, eating very little, fasting, or smoking for weight loss)	57%	33%
• Dieting Behaviors	55%	26%
• Body Dissatisfaction	46%	26%
• Extreme Weight Control Behaviors, e.g., (vomiting, laxatives, diet pills)	12%	5%
• Binge Eating Behaviors	17%	8%
• Binge Eating Disorder	3-5%	1-3%
• Bulimia Nervosa	1-3%	< 1%
• Anorexia Nervosa	0.5%	< 0.2%

Note: Neumark-Sztainer, 2005, p. 10 - From Project EAT and other large studies on teens and young adults.

screening tools

Eating Attitudes Test (EAT-26)*

Instructions: This is a screening test for symptoms of an eating disorder that needs to be completed by a person who is not currently under treatment for an eating disorder. This screening measure is not designed to make a diagnosis of an eating disorder or to take the place of a formal diagnostic interview. If you suspect you have an eating disorder, please contact a mental health professional for a formal evaluation.

Part A: Complete the following questions:

1) Height: _____ 2) Weight: _____ 3) Gestation: _____ 4) Menstruation: _____

4) Current Weight (lb.): _____ 5) Highest Weight (including pregnancy): _____

6) Weight loss in last 6 months: _____

Part B: Check a response for each of the following statements:

1) I am afraid of becoming fat. _____ 2) I am afraid of becoming thin. _____ 3) I am afraid of becoming overweight. _____

4) Avoid eating when I am hungry. _____ 5) Avoid eating when I am full. _____ 6) Avoid eating when I am not hungry. _____

7) I have gone on eating binges where I feel that I may not be able to stop. _____ 8) I feel that I have to eat more than others to feel full. _____

9) I feel that I have to eat more than others to feel good. _____ 10) I feel that I have to eat more than others to feel normal. _____

11) Avoids the eating content of foods that I eat. _____ 12) Avoids the eating content of foods that I eat. _____ 13) Avoids the eating content of foods that I eat. _____

14) I feel that I have to eat more than others to feel good. _____ 15) I feel that I have to eat more than others to feel normal. _____

16) I feel that I have to eat more than others to feel normal. _____ 17) I feel that I have to eat more than others to feel good. _____

18) I feel that I have to eat more than others to feel good. _____ 19) I feel that I have to eat more than others to feel normal. _____

20) I feel that I have to eat more than others to feel good. _____ 21) I feel that I have to eat more than others to feel normal. _____

22) I feel that I have to eat more than others to feel good. _____ 23) I feel that I have to eat more than others to feel normal. _____

24) I feel that I have to eat more than others to feel good. _____ 25) I feel that I have to eat more than others to feel normal. _____

26) I feel that I have to eat more than others to feel good. _____ 27) I feel that I have to eat more than others to feel normal. _____

Part C: Behavioral Questions:

1) Do you feel that you are afraid that you may not be able to eat enough to feel good? _____ 2) Do you feel that you are afraid that you may not be able to control your eating? _____

3) Do you feel that you are afraid that you may not be able to control your eating? _____ 4) Do you feel that you are afraid that you may not be able to control your eating? _____

5) Do you feel that you are afraid that you may not be able to control your eating? _____ 6) Do you feel that you are afraid that you may not be able to control your eating? _____

7) Do you feel that you are afraid that you may not be able to control your eating? _____ 8) Do you feel that you are afraid that you may not be able to control your eating? _____

9) Do you feel that you are afraid that you may not be able to control your eating? _____ 10) Do you feel that you are afraid that you may not be able to control your eating? _____

11) Do you feel that you are afraid that you may not be able to control your eating? _____ 12) Do you feel that you are afraid that you may not be able to control your eating? _____

13) Do you feel that you are afraid that you may not be able to control your eating? _____ 14) Do you feel that you are afraid that you may not be able to control your eating? _____

15) Do you feel that you are afraid that you may not be able to control your eating? _____ 16) Do you feel that you are afraid that you may not be able to control your eating? _____

17) Do you feel that you are afraid that you may not be able to control your eating? _____ 18) Do you feel that you are afraid that you may not be able to control your eating? _____

19) Do you feel that you are afraid that you may not be able to control your eating? _____ 20) Do you feel that you are afraid that you may not be able to control your eating? _____

21) Do you feel that you are afraid that you may not be able to control your eating? _____ 22) Do you feel that you are afraid that you may not be able to control your eating? _____

23) Do you feel that you are afraid that you may not be able to control your eating? _____ 24) Do you feel that you are afraid that you may not be able to control your eating? _____

25) Do you feel that you are afraid that you may not be able to control your eating? _____ 26) Do you feel that you are afraid that you may not be able to control your eating? _____

27) Do you feel that you are afraid that you may not be able to control your eating? _____ 28) Do you feel that you are afraid that you may not be able to control your eating? _____

29) Do you feel that you are afraid that you may not be able to control your eating? _____ 30) Do you feel that you are afraid that you may not be able to control your eating? _____

31) Do you feel that you are afraid that you may not be able to control your eating? _____ 32) Do you feel that you are afraid that you may not be able to control your eating? _____

33) Do you feel that you are afraid that you may not be able to control your eating? _____ 34) Do you feel that you are afraid that you may not be able to control your eating? _____

35) Do you feel that you are afraid that you may not be able to control your eating? _____ 36) Do you feel that you are afraid that you may not be able to control your eating? _____

37) Do you feel that you are afraid that you may not be able to control your eating? _____ 38) Do you feel that you are afraid that you may not be able to control your eating? _____

39) Do you feel that you are afraid that you may not be able to control your eating? _____ 40) Do you feel that you are afraid that you may not be able to control your eating? _____

41) Do you feel that you are afraid that you may not be able to control your eating? _____ 42) Do you feel that you are afraid that you may not be able to control your eating? _____

43) Do you feel that you are afraid that you may not be able to control your eating? _____ 44) Do you feel that you are afraid that you may not be able to control your eating? _____

45) Do you feel that you are afraid that you may not be able to control your eating? _____ 46) Do you feel that you are afraid that you may not be able to control your eating? _____

47) Do you feel that you are afraid that you may not be able to control your eating? _____ 48) Do you feel that you are afraid that you may not be able to control your eating? _____

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51) Do you feel that you are afraid that you may not be able to control your eating? _____ 52) Do you feel that you are afraid that you may not be able to control your eating? _____

53) Do you feel that you are afraid that you may not be able to control your eating? _____ 54) Do you feel that you are afraid that you may not be able to control your eating? _____

55) Do you feel that you are afraid that you may not be able to control your eating? _____ 56) Do you feel that you are afraid that you may not be able to control your eating? _____

57) Do you feel that you are afraid that you may not be able to control your eating? _____ 58) Do you feel that you are afraid that you may not be able to control your eating? _____

59) Do you feel that you are afraid that you may not be able to control your eating? _____ 60) Do you feel that you are afraid that you may not be able to control your eating? _____

61) Do you feel that you are afraid that you may not be able to control your eating? _____ 62) Do you feel that you are afraid that you may not be able to control your eating? _____

63) Do you feel that you are afraid that you may not be able to control your eating? _____ 64) Do you feel that you are afraid that you may not be able to control your eating? _____

65) Do you feel that you are afraid that you may not be able to control your eating? _____ 66) Do you feel that you are afraid that you may not be able to control your eating? _____

67) Do you feel that you are afraid that you may not be able to control your eating? _____ 68) Do you feel that you are afraid that you may not be able to control your eating? _____

69) Do you feel that you are afraid that you may not be able to control your eating? _____ 70) Do you feel that you are afraid that you may not be able to control your eating? _____

71) Do you feel that you are afraid that you may not be able to control your eating? _____ 72) Do you feel that you are afraid that you may not be able to control your eating? _____

73) Do you feel that you are afraid that you may not be able to control your eating? _____ 74) Do you feel that you are afraid that you may not be able to control your eating? _____

75) Do you feel that you are afraid that you may not be able to control your eating? _____ 76) Do you feel that you are afraid that you may not be able to control your eating? _____

77) Do you feel that you are afraid that you may not be able to control your eating? _____ 78) Do you feel that you are afraid that you may not be able to control your eating? _____

79) Do you feel that you are afraid that you may not be able to control your eating? _____ 80) Do you feel that you are afraid that you may not be able to control your eating? _____

81) Do you feel that you are afraid that you may not be able to control your eating? _____ 82) Do you feel that you are afraid that you may not be able to control your eating? _____

83) Do you feel that you are afraid that you may not be able to control your eating? _____ 84) Do you feel that you are afraid that you may not be able to control your eating? _____

85) Do you feel that you are afraid that you may not be able to control your eating? _____ 86) Do you feel that you are afraid that you may not be able to control your eating? _____

87) Do you feel that you are afraid that you may not be able to control your eating? _____ 88) Do you feel that you are afraid that you may not be able to control your eating? _____

89) Do you feel that you are afraid that you may not be able to control your eating? _____ 90) Do you feel that you are afraid that you may not be able to control your eating? _____

91) Do you feel that you are afraid that you may not be able to control your eating? _____ 92) Do you feel that you are afraid that you may not be able to control your eating? _____

93) Do you feel that you are afraid that you may not be able to control your eating? _____ 94) Do you feel that you are afraid that you may not be able to control your eating? _____

95) Do you feel that you are afraid that you may not be able to control your eating? _____ 96) Do you feel that you are afraid that you may not be able to control your eating? _____

97) Do you feel that you are afraid that you may not be able to control your eating? _____ 98) Do you feel that you are afraid that you may not be able to control your eating? _____

99) Do you feel that you are afraid that you may not be able to control your eating? _____ 100) Do you feel that you are afraid that you may not be able to control your eating? _____

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Garner, D. M., Olmsted, M. P., Bohr, Y., (1982). *The Eating Attitudes Test: Psychometric features and clinical correlates*. *Psychological Medicine*, 12, 871-878
Cut off: ≥ 20

Scoring the EAT-26

Scoring the Eating Attitudes Test© (EAT-26)

The Eating Attitudes Test (EAT-26) has been found to be highly reliable and valid. However the EAT-26 alone does not yield a specific diagnosis of an eating disorder.

Scores greater than 20 indicate a need for further investigation by a qualified professional.

Low scores (below 20) can still be consistent with serious eating problems, as denial of symptoms can be a problem with eating disorders.

Results should be interpreted along with weight history, current BMI (body mass index), and percentage of Ideal Body Weight. Positive responses to the eating disorder behavior questions (questions A through E) may indicate a need for referral in their own right.

EAT-26 Score

Score the 26 items of the EAT-26 according to the following scoring system. Add the scores for all items.

Scoring for Questions 1-25:	Scoring for Question 26:
Always = 3	Always = 0
Usually = 2	Usually = 0
Often = 1	Often = 0
Sometimes = 0	Sometimes = 1
Rarely = 0	Rarely = 2
Never = 0	Never = 3

Garner, Olmsted, Bohr, & Garfinkel, 1982; Lee et al., 2002; Mintz & O'Halloran, 2000)

EAT-26 Translations

Spanish:

Castro, J., Toro, J., Salamero, M., & Guimerá, E. (1991). The Eating Attitudes Test: Validation of the Spanish version. *Evaluación Psicológica*, 7(2), 175-189.

Rivas T, Bersabé R, Jiménez M, Berrocal C. The Eating Attitudes Test (EAT-26): reliability and validity in Spanish female samples. *Span J Psychol*. 2010 Nov;13(2):1044-56. doi: 10.1017/s1138741600002687. PMID: 20977051.

Rivas T, Franco K, Bersabé R, Montiel CB. Spanish version of the eating attitudes test 40: dimensionality, reliability, convergent and criterion validity. *Span J Psychol*. 2013;16:E59. doi: 10.1017/sjp.2013.61. PMID: 24230922

Italian:

Dotti A, Lazzari R. Validation and reliability of the Italian EAT-26. *Eat Weight Disord*. 1998 Dec;3(4):188-94. doi: 10.1007/BF03340009. PMID: 10728170.

French:

Leichner P, Steiger H, Puentes-Neuman G, Perreault M, Gottheil N. Validation d'une échelle d'attitudes alimentaires auprès d'une population québécoise francophone [Validation of an eating attitude scale in a French-speaking Quebec population]. *Can J Psychiatry*. 1994 Feb;39(1):49-54. French. doi: 10.1177/07067437940390110. PMID: 8193998.

web address for EAT downloads: <https://www.eat-26.com/downloads/>

Children's Eating Attitude Test (CEAT)
Children's Eating Attitude Test
(Maloney et al., 1988, 1989) - widely used in children 8-14 years

	Always	Very Often	Often	Sometimes	Rarely	Never
1. Eat more than my weight requires.	(0)	(1)	(2)	(3)	(4)	(5)
2. Eat more than I need when I am hungry.	(0)	(1)	(2)	(3)	(4)	(5)
3. Think about food a lot of the time.	(0)	(1)	(2)	(3)	(4)	(5)
4. Have gone on eating binges where I feel that I might not be able to stop.	(0)	(1)	(2)	(3)	(4)	(5)
5. Eat my food into small pieces.	(0)	(1)	(2)	(3)	(4)	(5)
6. Am aware of the energy (calories) content on foods that eat.	(0)	(1)	(2)	(3)	(4)	(5)
7. Try to stay away from foods such as breads, pastries and rice.	(0)	(1)	(2)	(3)	(4)	(5)
8. Think that others would like me to eat more.	(0)	(1)	(2)	(3)	(4)	(5)
9. Vomit after I have eaten.	(0)	(1)	(2)	(3)	(4)	(5)
10. Feel very guilty after eating.	(0)	(1)	(2)	(3)	(4)	(5)
11. Think about what I am going to choose to eat.	(0)	(1)	(2)	(3)	(4)	(5)
12. Think about burning up energy (calories) when I exercise.	(0)	(1)	(2)	(3)	(4)	(5)
13. Other people think I am too thin.	(0)	(1)	(2)	(3)	(4)	(5)
14. Think a lot about having fat on my body.	(0)	(1)	(2)	(3)	(4)	(5)
15. Take longer than others to eat my meal.	(0)	(1)	(2)	(3)	(4)	(5)
16. Think that others notice when I eat them.	(0)	(1)	(2)	(3)	(4)	(5)
17. Eat fast foods.	(0)	(1)	(2)	(3)	(4)	(5)
18. Think that I am too fat.	(0)	(1)	(2)	(3)	(4)	(5)
19. Think that others notice my fat.	(0)	(1)	(2)	(3)	(4)	(5)
20. Think that others control around food.	(0)	(1)	(2)	(3)	(4)	(5)
21. Think that others pressure me to eat.	(0)	(1)	(2)	(3)	(4)	(5)
22. Think that others pressure me not to eat.	(0)	(1)	(2)	(3)	(4)	(5)
23. Feel uncomfortable after eating a meal.	(0)	(1)	(2)	(3)	(4)	(5)
24. I have been dieting.	(0)	(1)	(2)	(3)	(4)	(5)
25. I feel like I am too fat.	(0)	(1)	(2)	(3)	(4)	(5)
26. I feel trying new, rich foods.	(0)	(1)	(2)	(3)	(4)	(5)
27. I have the urge to count after eating.	(0)	(1)	(2)	(3)	(4)	(5)

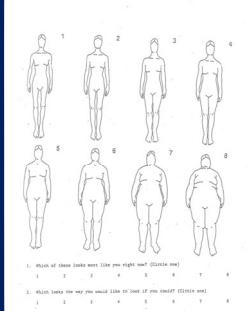
Female & Male Silhouettes

how do I see myself...

...how do others see me

How do I want to look...

female silhouette



male silhouette



Questions for an Interview or Medical History Form

1. Have you had any recent changes in weight?
2. Do you have a history of weight fluctuations?
3. Please note what meals you ate yesterday.
Include type and amount of food at each meal and snack.
Also note if this is a typical pattern of pattern of eating.
4. Do you ever feel like you have eaten too much at one time?
If yes, how many times/week does this occur?
5. Do you ever feel during the above times that you have lost control of eating?
If yes, how many times/week does this occur?

Questions for an Interview or Medical History Form continued...

6. How many minutes per day do you exercise?
7. Have you pushed yourself to exercise when you are injured or tired?
8. Are you getting your period regularly?
What is the date of your last period?
9. Have you spent a lot of time thinking about *ways to be skinny*?
10. Have you engaged in any activity to change your body weight or shape, such as restricting food intake, fasting, spitting out food, vomiting, using diuretics (water pills), laxatives, diet pills or other behavior? If yes, please note which of these behaviors you have tried and how many times per week you have engaged in the behavior.

Communication with Caregivers

- Share that you want to open lines of communication regarding their child
- Use engaging language- avoid labels, such as eating disorder, disordered eating, as this can be misinterpreted as blaming/judgment/shaming, etc.
- Based on your schools policies, you can use a screening tool as an indicator towards further evaluation
- If further follow up is indicated, the school can facilitate connections with providers to collaborate as a team to support the student/child:

Ideally, this would include:

the caregivers (parents)
school counselor
school nurse
Pediatrician
Therapist

Registered Dietitian

and/or other staff person of the students' choosing*

School Based Project ECHO*

References

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