

AASP, Eating Disorders Special Interest Group, 2018

Eating Disorders Among Athletes

Detection & Referral Guidelines

Part IV

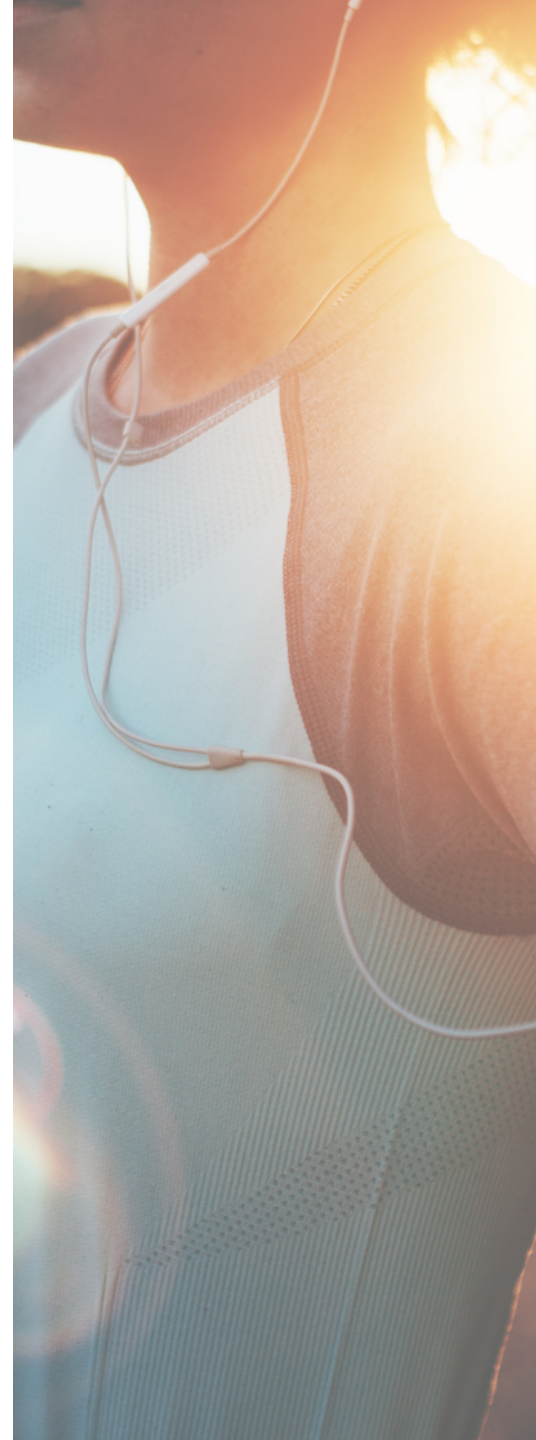
Managing Resistance & Motivating Recovery

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EATING DISORDERS AMONG ATHLETES

DETECTION & REFERRAL GUIDELINES

- I. Definition, Prevalence, Etiology
- II. Health Risks, Signs, Symptoms & Early Detection
- III. Multidisciplinary Assessment
- IV. Managing Resistance & Motivating Recovery



Eating Disorders Among Athletes:

Detection & Referral Guidelines

Part IV :

Managing Resistance & Motivating Recovery

Purpose

Eating disorders (EDs) are serious mental illnesses posing substantial threat to mental and physical health.

Rates of EDs and subclinical disordered eating behaviors (DEBs) continue to increase across the nation and in particular among athletes.

The purpose of this presentation is to provide an overview of approaches used for the detection of EDs in athletes and referral for evaluation and/or treatment.

Vital components of effective care for athletes are summarized. It is hoped that this summary will facilitate effective ED-related assessment and referral for athletes and thereby reduce risk and improve athlete well-being.

Did You Know?

ALL EDs are serious disorders with life-threatening physical and psychological complications.

EDs can effect individuals of all ages, genders, ethnicities, socioeconomic backgrounds, and with a variety of body shapes, weights and sizes.

Weight is not the only clinical marker of an ED.



Did You Know?

People who are of low, average or high weights may have an ED.

Individuals at any weight may be malnourished and/or engaging in unhealthy weight control practices.



Your Role

IDENTIFY

Become familiar with signs and symptoms of eating disorders.

REFER

Refer athlete's to professionals with specific expertise in formal EDs assessment..

Your Role: Be Well Informed

- Periodically participate in ED awareness, prevention and/or certification training.
- Encourage athletic staff, medical personnel and athletes with whom you work to also participate in ED awareness and prevention training.
- Be familiar with the following:
 - Causes of EDs
 - Diagnostic features of anorexia, bulimia, binge eating disorder, OSFED, ARFID and sub-clinical conditions (DEBs)
 - Mental, emotional and physical risks
 - Fundamental components of ED treatment
 - Principles of understanding recovery
 - Principles of supporting recovery

Your Role: Understanding the Risks

Restricted nutritional intake and the associated rapid weight loss, results in loss of lean muscle mass, poor hydration and disrupted athletic performance.

(Fogelholm, Koskinen, Laakso, Rankinen, & Ruukonen, 1993)

DEBs and EDs reduce energy otherwise available for sports training and performance and interfere with the bodies ability to benefit positively from strength training and aerobic conditioning.

(El Ghoch, Soave, Calugi, & Grave, 2013)

Protect the Athlete's Health

Be familiar with common medical complications and their patterns.

Know that all organ systems should be evaluated periodically.

Be reminded that medical status and lab values should be monitored frequently.



Protect the Athlete's Health

Weight restoration and/or ED symptom reduction will require more than just the awareness of the associated health benefits.

Substantial professional support is typically needed to restore weight and achieve symptom reduction.



Detection is Difficult

Athletes may appear healthy to others and to themselves. An athlete's athletic body type may mask the appearance of low body weight and/or malnutrition.

Athletes, sport personnel and some medical professionals may not realize that malnutrition and ED risk can occur regardless of the athlete's weight status and level of sport performance.

A decline in fitness or sport performance, may indicate illness, DEB, ED or possible lapse in ED recovery.

(Sundgot-Borgen & Garthe, 2011)

Critical Observations

How will you respond to the following observations?

- 1) Restricting nutritional intake
- 2) Engaging in binge eating
- 3) Engaging in purging
- 4) Expressing passive suicidality
- 5) Observed marked increase or decrease in weight
- 6) Observed change in appearance or sport performance

**All of the above observations require referral for additional professional evaluation.*

Critical Observations

Any expression of active suicidality requires immediate professional assessment.

Evaluate in an emergency room or dial 911.

Referring for Assessment

Avoid assuming or determining that the athlete “has” or “does not have” an ED.

Ask the athlete to undergo additional psychological and medical evaluation.

Expect some objections to your recommendations for further evaluation.

Athletes may minimize any ED related problems and discount your concern.

Remain compassionate but firm in your request.

Avoid confirming any diagnosis until after a formal evaluation is completed.

Support both the athlete’s short term and long term good health.

Requesting Assessment

Communicate one or two specific and brief examples of behaviors, statements or attitudes that you have observed.

Remain direct and firm about your concerns.

Communicate with sensitivity, care and compassion.

Remain nonjudgmental.

Avoid lengthy communication.

In Example: “I have noticed _____ (behavior, emotion, thought) and I am concerned about your health. I am asking you to meet with a professional who specializes in these issues for further assessment”.

Wanting to Fix the ED

You may be tempted to give advice or attempt to “correct” the behavior or fix the eating disorder by suggesting:

“Don’t throw up.”

“Eat more.”

“Stop worrying about your shape.”

“Get over it.”

“You are ruining your health.”

Remember that advice, reminders and lectures do not fix eating disorders.

Work Within Your Scope of Practice

Remain within the limits of your professional license, certification, ethical code, specialty training and scope of expertise.



Work Within Your Scope of Practice

Avoid suggesting “solutions” other than receiving specialized professional treatment because it will not fix the problems and may aggravate the ED & related conditions.



Expect Resistance

Athletes with EDs may not realize that they are ill, and they may feel ambivalent about getting help.

Athletes may minimize, rationalize, or hide ED symptoms and/or behaviors. These are common components of EDs.

Expect Resistance

The athlete's convincing and persuasive defense and continued competence in sport and life, may mask the severity of their illness.

Professional assistance with decision-making in ED matters, may be necessary regardless of age, severity of any illness and level of success.

Calming Resistance & Supporting Recovery

Cultivate a collaborative working relationship.

Identify the athlete's personal goals and values and communicate that understanding to the athlete.

Provide accurate information, be honest and build trust.

Align yourself with the athlete. Position yourself as a “partner” in taking any next steps in recovery.

Remain hopeful.

Supporting Recovery

Allow the athlete to be the active decision maker when possible.

Create an atmosphere conducive to change.

Encourage effective interpersonal communication.

Affirm the athlete's right to make their own decisions.

Presume that sufficient resources for ED recovery reside within the athlete.

Recovery is Not Motivated by:

Health Risk
Punishment
Loss
Pain
Shame
Humiliation
Guilt



Recovery is Not Motivated by:

Repeated reminders

Lecture

Reprimand

Becoming frustrated

Criticism

Attributing lapse or relapse to
internal failure

Blaming



Improve Motivation by:

Providing the athlete with personal affirmation when possible.

Acknowledging the athlete's efforts to change.

Working to "understand" the athlete's perspective and preferences even if you disagree with them.

Assisting the athlete in identifying and cultivating their personal strengths.

Remaining patient with lapses and set backs and encouraging the athlete to use lapses and mistakes as opportunities for learning and growth.

Reminding athletes of the impossibility of perfection.

The more we try to
push the eating
disorder away, the
more it may push or
pull back.



Next Steps

Share your request with the athlete:

Be prepared to manage the athletes frustrations or objections.

Have the contact information for the assessing professional(s) on hand and give it to the athlete.

Be sure that you have confidence in the assessing professionals expertise, ability to respect the athletes privacy, availability to meet with the athlete within the next 1 to 3 days and in the collaborative nature of their professional practice.

Medical or psychiatric emergencies should be managed immediately in an emergency room.

Next Steps

Given reluctance to comply with your request for further evaluation:

- 1) “Restate” your concern about the athlete’s health and safety
- 2) “Agree” that that your concern may prove to be false, but that you are wanting to not take any risks with the athlete’s well-being

In Example:

“Right now I am concerned about your safety. I agree that my worry may prove to be false but I am willing to be wrong to insure your well being. A brief assessment should only take one to two hours of your time. I know you don’t have any spare time but your safety is worth taking this next step”.

Avoid Debate

Athlete states, “I don’t think I have a problem”.

You may state, “You may be right. What we are seeing or hearing from the outside may or may not be accurate. Additional consultation can clarify these concerns”.

Athlete replies, “I am not willing to see anyone about this”.

You may state, “Tell me about what you are thinking. (Pause) Tell me more. (Pause & validate some part of the athlete’s objection). I hear that you think this is unnecessary and you may be correct. We need to take this step to learn more about our options. Your health and well being is a priority for us”.

Avoid Debate

Athlete states, “I can do this myself”.

You may state, “Help me understand what you are saying here. (Pause & then State:) You are feeling that you can do this yourself. Do what? (Pause) You are correct that you may be able to manage ____ yourself but you are not required to go it alone. Help me understand what is better about doing it all yourself. (Pause)

Athlete replies, “You are making too big a deal over this”.

You may reply, “I hear that you think we are making too big a deal over this. And I hear that you believe it is not a problem. Tell me what you are thinking about this. (Pause) One concern we have is that it is sometimes difficult to accurately see the extent of these kinds of issues. A professional in these matters can help “us” sort this out. Your health is important to us.

Supporting Recovery

Assist the sports community in understanding that no single person or single factor, causes an eating disorder.

Support ongoing ED prevention and awareness programming.

Assist the sports community in understanding that ED's are not "volitional".

Reduce stigma associated with EDs and mental illness.

Reduce any unnecessary focus on weight change and appearance since it increases risk of EDs.

Proceed with Caution

Asking an athlete to increase or decrease their body weight is associated with increased ED risk.

Weight loss is not a panacea of improved athletic performance and can negatively impact athletic performance.

(Thompson & Sherman, 2010)

Improve Awareness

The debilitating nature of EDs is not commonly known to those who have not previously had the illness.

The inability to fully realize the dangers of EDs, is an inherent part of the illness.

Reluctance to refrain from ED behaviors, does not mean that the athlete just wants to be difficult.

EDs resist change.



EDs are Emotional Illnesses

Changing eating and behavior for individuals with EDs is often initially frightening.

ED recovery often occurs gradually over time. Encourage tenacity and ongoing therapy support.

Talking about their ED and related behavior or feelings, may be challenging.

The athlete may not want to worry you, burden you, or feel they are disappointing you.

Focus on learning more about the athletes emotional needs.



Recovery is Possible

Individuals with eating disorders can recover.

ED's are complex disorders requiring specialized care.

Well coordinated and multi-disciplinary, care providers collaboratively facilitate recovery.

Physical, nutritional and emotional recovery must co-occur in synchrony.

You Can Make A Difference

Everyone; parents, coaches, trainers, medical personnel, performance consultants, and others, have vital roles in protecting the athlete's wellbeing by supporting early ED detection, referral and recovery.

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Thompson, R. & Sherman, R.A. (2010). *Eating Disorders in Sport*. Taylor & Francis.

Additional Resources

Association of Eating Disorders:

AED.org

National Eating Disorder Association:

NEDA.org

**International Association of Eating
Disorder Professionals:**

IAEDP.org

American Psychological Association:

APA.org

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