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Hynes Recovery Services has brought together some of the top providers in our area who are available to provide assessments for collegiate athletes struggling with eating disorders. In addition, our team has identified additional resources designed to help support the university community in addressing this important issue. Please review the information in this directory and reach out to those individuals and/or programs you feel can be useful to the students in your care.

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The content of this guide is for informational purposes only. Hynes Recovery Services does not recommend or endorse any of the treatment resources included in this directory. It is not intended to be a substitute for professional medical advice, diagnosis, or treatment, and we do not warrant or represent in any way the accuracy or medical approval of any of these treatment resources. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a suspected or actual medical condition and its treatment.

Introduction to Collegiate Athletes with Eating Disorders

Introduction to Athletes with Eating Disorders

Drive, passion, and determination are characteristics that enable athletes to push themselves both mentally and physically to excel in their respective sports. Athletes, especially elite athletes, are quite familiar with the concepts of sacrifice and hard work to achieve their goals. Unfortunately, some of the same personality traits that are thought to contribute to the development of a successful athlete can also be found in those with disordered eating (DE) or an eating disorder (ED).

Female Athlete Triad (Triad) is a condition characterized by the interrelationship of energy availability, menstrual function, and bone health, existing along a spectrum (1). Collegiate female athletes are a group that has attracted a particular amount of attention regarding the presence of Triad, DE, and EDs. In several large studies, it was found that 0-8% of elite and college female athletes meet criteria for a clinical ED based on DSM-IV criteria (2-3), while 14-19% of female collegiate athletes were found to have subclinical symptom levels (4-5). Athletes participating in leanness sports, in which a lean frame or body weight is perceived as important for performance, exhibit a higher prevalence of EDs/DE (~60%) versus their counterparts in non-leanness sports and controls (6-8). Leanness sports include gymnastics, ballet, figure skating, cheerleading, cycling, lightweight rowing, synchronized swimming, cross country running, and others. Although most research in the past has focused on females, males can also struggle with EDs and DE. Therefore, coaches and team staff should be aware of the signs and symptoms that signify a concern in this population as well.

Signs and symptoms of EDs in athletes:

- Isolating behavior (especially around meal times)
- Ritualistic eating
- Excessive use of restroom after meals
- Avoidance of team meals
- Excessive or rapid weight loss
- Over-concern with body image
- Mood changes
- Fatigue
- Decreased exercise performance
- Excessive or obligatory exercise beyond that required for a specific sport
- Stress fractures
- Frequent injuries and/or decreased recovery time

Introduction to Collegiate Athletes with Eating Disorders

Coaches and other athletic staff should be educated on the signs and symptoms of DE/EDs to better identify athletes in need of intervention. The NCAA 2007 guidelines for managing student mental health issues state that the individual who initially approaches a suspected athlete should be someone who is comfortable discussing sensitive issues, and who also has some authority in the sport environment (9). This may be the coach or in many instances, the athletic trainer. Many collegiate athletes struggle with self-disclosure around their eating disorders for fear of losing a starting position, loss of scholarship, removal from team practices, or disappointing teammates and coaches. Therefore, the point of initial discussion around concerns for the athlete should be handled in a gentle and private manner.

Guidelines on initial intervention with athletes struggling with disordered eating / eating disorders:

- Approach the athlete in a non-judgmental, non-accusatory manner
- Speak with the athlete in a private setting to help minimize any further embarrassment or shame
- Focus your conversation on concern for the athlete's overall health and well-being
- Reinforce that the team and athletic staff are here to support the athlete throughout the entire recovery process

An interdisciplinary team with a highly collaborative approach is recommended for treatment of DE/EDs. The treatment team should consist of a physician, psychologist or psychotherapist, registered dietitian, and in the case of an athlete, may also include a physical therapist, athletic trainer, and/or coach. This team will help to bring different perspectives and expertise, while also encouraging a holistic approach to treatment. Throughout this treatment process, it can be helpful to closely involve the athlete's coach so that the individual feels supported by not just his/her family, but also his/her athletic family, which can lead to a better prognosis and cooperation with treatment recommendations. It is also quite helpful to have a treatment contract in place. This can be shared with the athlete and members of the coaching staff in order to eliminate confusion around level of activity, return to play, and other recommendations from the clinical team.

Parents, coaches, and athletes can refer to the NCAA, NEDA and Female Athlete Triad Coalition websites for many resources around eating disorders in athletes and the Triad (10-12). In addition, NEDA has developed a toolkit to help coaches and athletic staffs create an environment that promotes healthy fueling and positive body image in athletes (refer to page 18 in this guide for a link to this resource). The NCAA also has a great number of resources on approaching an athlete with an eating disorder, and potential treatment options.

Kate Ackerman, MD, MPH, FACSM

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[Female Athlete Program / Division of Sports Medicine, Boston Children's Hospital](#)

Introduction to Collegiate Athletes with Eating Disorders

References:

- Nattiv A et al. American College of Sports Medicine position stand. The female athlete triad. *Med Sci Sports Exerc.* 2007;39(10):1867-1882.
- Johnson C et al. Athletes and eating disorders: The National Collegiate Athletics Association Study. *Int J Eat Disord.* 1999;26:179-188.
- Sundgot-Borgen J, Torstveit MK. Prevalence of eating disorders in elite athletes is higher than in the general population. *Clin J Sport Med.* 2004;14:25-32.
- Carter JE, Rudd NA. Disordered eating assessment for college student-athletes. *Women Sport Phys Act J.* 2005;14:62-71.
- Sanford-Martens TC. Clinical and subclinical eating disorders: an examination of college athletes. *J Appl Sport Psychol.* 2005;17:79-86.
- Reardin CL and Factor RM. Sport psychiatry: a systematic review of diagnosis and medical treatment of mental illness in athletes. *Sports Med.* 2010;40(11):961-980.
- Van Durme K et al. Adolescent aesthetic athletes: A group at risk for certain eating pathology? *Eat Behav.* 2012;13(2):119-22.
- Kong P, Harris L. The Sporting Body: Body Image and Eating Disorder Symptomology Among Female Athletes from Leanness Focused and Nonleanness Focused Sports. *J Psych.* 2015;149(2):141-160.
- National Collegiate Athletic Association. (2007). Managing Student Athletes' mental health issues. Indianapolis, IN. The National Collegiate Athletic Association.
- Disordered Eating and Eating Disorders. <http://www.ncaa.org>. Last Updated: June 6, 2013. Accessed October 8, 2015.
- Athletes and Eating Disorders. <https://www.nationaleatingdisorders.org/athletes-and-eating-disorders>. Accessed October 8, 2015.
- Female Athlete Triad. <http://www.femaleathletetriad.org>. Accessed October 8, 2015.

Eating Disorder Policy and Recommended Protocols

Eating Disorders in Collegiate Sport: Unique Risks, Policies and Procedures

Athletes at Risk for Eating Disorders

While athletes have increased nutritional needs to support growth, development, training, competition, and post-work-out recovery nutrition, most athletes do not have ready access to nutrition professionals inside their athletics department. Nutrition knowledge is often low for the college-age population and misinformation abounds in the sport environment. As such, athletes are at increased risk for disordered eating and eating disorders (ED). Like in the general public, athletes are susceptible to a variety of predisposing factors: interpersonal characteristics that determine communication and coping skills, psycho-social stress, low self-esteem or poor body image, cultural factors, beliefs, attitudes, and societal pressures including the glorification of the thin ideal and potent pressures to diet. Pre-existing mental health conditions such as anxiety, depression and obsessive-compulsive disorder increase risk, as does trauma. Environmental influences in the home or on campus can contribute to ED risk, and the transition from life at home to life on campus can trigger an eating disorder in the college-aged population. Athletes have an additional environment and an extra “family” in sport that exposes them to unique risk factors. Performance pressures (often tied to scholarships), authoritative coaching styles, vulnerability to overtraining and under-fueling, injury, competitive drive for perfection, and revealing uniforms that accentuate body shape and size are known risk factors. Practices inside athletics that value weight, shape or size over performance, reinforced by frequent or public team weigh-ins, send direct or covert messages to athletes that promote dieting and other restrictive eating behaviors that are role modeled by teammates. In addition, athletes are targeted by a supplement and functional food industry that preys on their unrelenting pursuit of the competitive edge. Both the thin ideal and the muscular ideal are perpetuated in sport culture and are tied to athlete identity. Inside most collegiate sport settings, there is limited access to nutrition professionals to provide education, accurate information, and individualized nutrition recommendations to help athletes understand their distinct nutritional needs, further increasing an athlete’s vulnerability to an eating disorder.

What makes EDs in athletes particularly challenging is the reality that athletes are more likely to underreport their symptoms, considering them benign or “not bad enough” that they would require intervention. Others view the symptoms as a sign of their commitment to sport or consider their burden a badge of honor as an elite athlete. Male athletes may be less likely to report eating concerns or even consider that what they are dealing with is an eating disorder because of stigma or the common misperception that only women get eating disorders. Similarly, those suffering from binge eating disorder are more likely to go undiagnosed because they may be at what appears to be a healthy weight or even in a larger body size, not visibly wasting away like someone suffering from anorexia. Once known as the Female Athlete Triad, the concern over low energy availability (as seen in athletes who diet or have disordered eating), amenorrhea, and compromised bone integrity has been expanded and rebranded as a Relative Energy Deficiency in Sport (RED-S). The RED-S model makes it clear that the physiologic and metabolic derangements associated with eating disorders in sport affect males as well as females, and also affect nearly all organ systems of the body, not just bone.

Eating Disorder Policy and Recommended Protocols

Eating Disorders in Collegiate Sport (cont.)

Goals of the Eating Disorder Program in Sport

The goal of an eating disorder program in athletics is to ensure that treatment is provided to all individuals in need and that treatment is not delayed so that recovery is maximized and the athlete experiences a full return to sport participation. Not only are we concerned about the physical well-being of the athlete and the threat to sport performance, but the emotional despair and suicide risk associated with eating disorders demand swift and appropriate intervention. Waiting to intervene when an eating disorder is deeply entrenched and the athlete demonstrates overt signs and symptoms including repeated stress fractures and other injuries is considered a missed opportunity with dangerous, possibly deadly, consequences.

The goal of early identification and treatment applies to males and females, to those in weight-sensitive or traditionally “lean” sports as well as in ball sports, and to those suffering from anorexia, bulimia, binge eating disorder, or other types of eating disorders or sub-clinical disordered eating. This goal requires the following components: (1) ongoing screening and assessment to allow early identification of athletes who are at risk or in crisis, (2) timely intervention that is comprehensive and endorsed by all members of the sport leadership team and (3) ongoing prevention activities that include nutrition education and promotion of athlete mental health.

The use of a treatment contract is recommended, particularly for cases that meet diagnostic criteria and for athletes who are determined to be medically ineligible to train and/or compete. The contract outlines the recommended action plan, specifies treatment providers and treatment frequency, and identifies a schedule for ongoing monitoring and reassessment to determine readiness to return to sport. Signed by the athlete and the sports medicine doctor (or athletic trainer), the contract holds the athlete accountable for engagement in treatment and specifies consequences of non-compliance.

Policies and Procedures in Collegiate Athletics: The Eating Concerns Team

A multidisciplinary team inside the Athletics department on campus is the ideal configuration for an Eating Concerns Team. This provides access to a visible, identifiable and consistent set of professionals who form a circle of trust for the athlete. If this is not possible, a tight network of expert providers in the community is needed to augment the work of the on-campus sports medicine team. Collaborative communication is essential.

The team works collectively to set policies and procedures and to track data on athlete outcomes and well-being. Policies and procedures should be reviewed annually and revised/updated as informed by outcomes achieved and emerging new guidelines that identify best practices. The team must act with authority to recognize and act on eating concerns. Experts are advocating for eating disorders to be treated as seriously and as swiftly as other sport injuries, like concussions, categorizing an eating disorder as a metabolic injury that can sideline an athlete if not taken seriously and treated appropriately.

Eating Disorder Policy and Recommended Protocols

Eating Disorders in Collegiate Sport (cont.)

Services delivered by the Eating Concerns Team need to be conveniently located, easily accessible, and in a setting that is private, confidential and trusted in order for athletes to access them. Members of the team include the sports medicine doctor, certified athletic trainer, sport psychologist, behavioral health expert or licensed mental health counselor, and a sport nutritionist. It is essential to clearly identify the point person who will serve as case manager for all athletes with an eating disorder concern or diagnosis. This assigns oversight responsibility so that athletes are appropriately followed. This is typically the sports medicine physician or a senior athletic trainer on campus. Within their respective scopes of professional practice, all members of the team should have training and expertise in eating disorder risk assessment and treatment, and all should be intimately aware of the unique demands of the sport environment and the unique needs of student-athletes. Supporting athletics staff to engage in professional development and/or annual in-service education with expert consultants is a wise allocation of administrative resources to support student-athlete mental health.

Prevention Strategies

Team culture goes a long way in supporting self-care habits and a healthy mindset. On the contrary, team culture can contribute to the spread of disordered eating beliefs and behaviors. Zero tolerance for body shaming, public commentary on athlete's weight, or judging personal food choices can be enforced by coaches, assistant coaches, captains and teammates by addressing locker-room talk, meal-time talk, and other sources of negative energy that chip away at an athlete's body image, self-worth or self-esteem. Use of punishment techniques to motivate selected athletes to lose weight or whip into shape by imposing extra work-outs such as timed cycling regimens added on top of a grueling practice schedule (sometimes referred to by coaches and/or athletes as Chub Club) contribute to public humiliation over body size and reinforce a value system centered on weight loss and dieting. Resources available from the NCAA in its detailed report on student-athlete mental health entitled, *Mind, Body and Sport*, can assist coaches and athletics administrators with programs and policies to enact on campus to promote positive psychology in sport and a healthy culture inside athletics.

Policies that identify how often athletes are weighed or undergo body composition analysis (by Bod Pod or skinfold caliper assessment), who performs those assessments, and who has access to those data can assist ED prevention efforts. It is recommended that only the sport nutritionist perform those assessments and have conversations with athletes about weight. In collegiate settings, weight (if required or justified for a weight-class sport like crew or wrestling) should be monitored by a nutrition professional, sports medicine doctor, athletic trainer, or perhaps a strength and conditioning coach. Since not all collegiate athletic departments employ registered dietitians, these practices are highly variable. However, most sports medicine professionals agree that to avoid contributing to weight bias, stigma, body image concerns, dieting or disordered eating or exercise behaviors, coaches should not be given information about athletes' weights.

Eating Disorder Policy and Recommended Protocols

Eating Disorders in Collegiate Sport (cont.)

Weight concerns should be managed by a qualified nutrition professional, not a coach. If a coach has a concern about an athlete's weight, he/she should express that concern to the nutrition professional (not to the athlete) and let the nutritionist assess the athlete, determine whether weight change is appropriate, and initiate a proper plan of nutrition intervention. The work between the nutritionist and the athlete should remain private and confidential, with the coach placing full trust that the nutritionist is managing the case and monitoring the athlete's progress towards goals. This allows the coach to focus interactions with the athlete on skill, technique and training, not on weight.

It is particularly dangerous for a coach to comment on an athlete's weight or tell an athlete to lose weight without providing access to an expert who can safely help the athlete achieve that goal. First and foremost, it is not in the coach's professional scope of practice to assess the appropriateness of weight loss for an athlete or to make well-informed, holistic recommendations for diet or for weight loss. Nor is the coach in the position to educate and guide the athlete on how to lose weight safely and effectively, while fueling adequately for sport. A coach cannot safely monitor an individual athletes' diet quality, nutritional adequacy, behavioral practices, trajectory of weight loss, or emotional mindset that ensues in response to their advice to lose weight. As such, a coach who tells an athlete to lose weight places the athlete at risk. A coach who gives weight loss advice without, at a minimum, connecting the athlete to a nutritional professional potentially does more harm than good. The authoritative power of the coach over the athlete naturally creates a dynamic that can undermine the athlete's emotional and physical well-being.

Annual training for coaches, strength and conditioning coaches, and athletic training staff is essential to ensure ongoing education, continuing professional development, and enforcement of policies and procedures. Coaches need to know more than just the signs and symptoms of eating disorders; they need annual refreshers on policies, procedures, action plans, and prevention strategies, and they need an opportunity to ask questions and have access to nutrition and mental health professionals for open discussions. Annual education for athletes provided by mental health experts, sports psychologists, and sports nutritionists is also recommended. Athletes need permission and guidance to develop the necessary life skills to practice and sustain self-care in the intensely demanding competitive sport environment. Availability of the multidisciplinary team of providers on campus ensures ongoing access for athletes to receive on-demand individualized services. This is a more effective model than simply bringing in experts to give talks from time to time without them being available to the athletes when they need them.

Screening

Annual screening for eating disorder risk is recommended as a part of the pre-participation physical, yet this is not necessarily done inside most athletics departments using anything more than an assessment of weight (using BMI criteria) and amenorrhea in female athletes. Sometimes, only freshmen are screened comprehensively – leaving athletes vulnerable beyond that freshman screen. Any time an athlete comes to attention for displaying disordered eating behaviors, visible signs or clinical symptoms of an eating disorder, a full assessment should be done.

Eating Disorder Policy and Recommended Protocols

Eating Disorders in Collegiate Sport (cont.)

Though the SCOFF and EAT-26 are useful screening instruments, these can be somewhat limiting, when used with athletes. The only screening tool identified by the NCAA on its website is the SCOFF. This is likely in large part due to its simplicity and ease of use in the sport setting. The NCAA version recommends that any athlete who scores 1 point should be referred for further evaluation. Normally, the SCOFF recommends referral with a score of 2 or more, so the threshold triggering action is appropriately lowered for the collegiate athlete population. It should be noted, however, that the wording on the SCOFF is not necessarily appropriate or most relevant to athletes' experiences and, for this reason, risk could be under-appreciated perhaps even more so by male athletes. For instance, athletes may not consider themselves "fat" but simply may have low body esteem and not consider their body shape or size lean enough or muscular enough for their sport or their position in sport. As well, the SCOFF screening question on weight loss may fail to identify the risk in an athlete whose weight may be stable but has been either chronically too low or at weight that appears "desirable" but not acceptable to the athlete (or the coach) causing the athlete to chronically engage in a binge and purge cycle over many years of their sport career, possibly since early adolescence.

The importance of customizing screening tools and interview questions cannot be overstated when interacting with athletes. Few athlete-specific validated tools exist. Interview questions must reflect an awareness of sport-specific risk factors, an appreciation for the demands, pressures and expectations on competitive athletes, and a sensitivity to the stigma and fear associated with disclosing an ED in the collegiate sport setting.

The Female Athlete Screening tool provides a validated assessment of eating disorder risk factors unique to the sport environment, but currently there is no companion version for male athletes. While body image disorders are not routinely screened for in an athletics setting, the Female Athlete Screening Tool and the EAT-26 both include the thin ideal construct. There are other tools that specifically assess body dissatisfaction or body dysmorphia that may be used by an ED specialist upon referral. The EC-Satter tool identifies individuals with low eating competence and can identify ED risk in an athlete who has high nutritional needs but is not competent in feeding self-care. Finally, the Clinical Assessment Tool put forth by the RED-S model (REDS-CAT) is designed for use with athletes identified by other screening tools as being at increased risk for eating disorders.

Referral

A strong referral network of providers on campus (as in the Student Health Center if not in Athletics) and in the local community who have expertise in treating eating disorders and in working with athletes is essential for every college athletics department to establish. Behavioral health programs inside college health services may or may not employ a dietitian. Many are set up simply to conduct mental health assessments and triage care to outside providers. Campus counselors and dietitians may or may not have eating disorder expertise and most cannot provide the duration of treatment required to appropriately break the cycle of disordered eating or treat an entrenched eating disorder.

Eating Disorder Policy and Recommended Protocols

Eating Disorders in Collegiate Sport (cont.)

In the absence of a complete team of ED experts on campus or inside athletics, outpatient providers in the community will be providing treatment to any athlete identified at high risk or with an ED diagnosis. The outpatient treatment team includes, at a minimum, a licensed mental health professional and a registered dietitian/nutritionist (RDN). Additional collaborators in the referral network might include pediatricians or internal/family/sports medicine physicians with ED expertise, and certified strength and conditioning coaches or fitness professionals who are trained in working with ED clients. Some yoga instructors and personal fitness trainers work on mind-body connections with clients healing from eating disorders and body image issues. If an athlete needs a higher level of care than can safely be provided on campus or by an outpatient provider, an eating disorder treatment program that offers residential treatment, partial hospitalization programs (PHP) or intensive outpatient programs (IOP) is required. Level of care is determined by the degree of medical instability and is best determined by the team physician or a licensed mental health professional who evaluates vital signs (heart rate, pulse, blood pressure) along with physical, behavioral and emotional signs and symptoms of the disorder.

Treatment

Treatment frequency and duration are dictated by the level of care required to address the acuity of the athlete's physical and emotional state. These decisions are made by the physician overseeing the case, in cooperation with the mental health professional assisting with the diagnosis. Depending on the athlete's clinical health indicators, behavioral patterns, level of care required, and compliance with the treatment plan, the athlete may or may not be allowed to train or compete during ED treatment. It is absolutely essential that the treatment plan and recommendations be endorsed by all members of the treatment team to send a unified message to the athlete about expectations and return-to-play criteria. For this reason, effective communication between team members and outside providers is critical.

Collegiate athletes may or may not want their parents, or their coaches, involved or even aware of the diagnosis and treatment plan. As such, protecting privacy and confidentiality is essential unless the situation is life-threatening. There are many barriers to treatment for athletes, including stigma surrounding mental health conditions in general and eating disorders in particular. Working to break down stigma and make treatment providers accessible will increase the likelihood of an athlete complying with referrals and appointments. The treatment contract helps with this, along with on-campus providers who are inside the athlete's circle of trust.

The case manager on the athletics Eating Concerns Team coordinates communication with the various off-campus providers and follows the athlete's progress in treatment. The RED-S model provides a set of guidelines for Return-to-Play that are used in conjunction with treatment compliance to determine when the athlete can safely resume training and competition. An athlete on scholarship who needs to take a break from training and competition should be eligible for a medical red-shirt. Eating disorders are mental health conditions and, as such, student-athletes should be supported by the Office of Disability Services on campus to help them negotiate their needs and their rights with regards to athletics and academics. A reduced course load and/or an academic leave of absence may be necessary for the student to engage in a higher level of care or for a longer duration of care.

Eating Disorder Policy and Recommended Protocols

Eating Disorders in Collegiate Sport (cont.)

Approaching a Student-Athlete about an Eating Disorder Concern

Athletes are at increased risk for eating disorders. No sport, position or individual is immune to the risks. The transitional life stage of the collegiate athlete further increases risk. A comprehensive, ongoing, pro-active eating disorders response plan across the entire athletics department will need to address policies, protocols, coach education, documented action plans and accountability. This is necessary to help avoid stereotypes, stigma and bias in practices related to prevention, screening, identification and intervention efforts. A multidisciplinary team approach built on direct communication and proper evaluation of athletes displaying risk is required to achieve early intervention and the best possible outcomes in terms of physical health, emotional well-being, academic success and performance in sport.

- **Know the signs and symptoms of an eating disorder.** Have objective data and personal observations that align with those warning signs documented for your discussion. Do not act on hearsay or second-hand information that could be false or inaccurate.
- **Discuss your concerns with the Athletic Trainer** who can provide validation, ask insightful questions for clarification, share additional observations, provide clinical input, and help you decide who on the Eating Concerns Team should have this difficult conversation with the athlete. The power dynamic between the head coach and the athlete may necessitate that an assistant coach or an AT be the one to speak with the athlete.
- **Set up a private meeting** with the athlete to discuss your concerns. Do not have this conversation in public, during a heated moment (like when an athlete has a bad race or suffers an injury) or without some purposeful advance preparation.
- **Establish rapport** by asking the athlete how he/she is doing and how things are going. This opens the floor for the athlete to confide in you, but don't be surprised if they don't. You may get *"just fine!"* in response. It is unlikely that they will open up willingly, even if they are struggling and want help. Athletes fear the consequences of such disclosure.
- **Start by expressing your concern for the athlete.** Then tell them what you've observed. Stick to the facts; things like, *"I noticed you sat alone and didn't eat anything at team dinner last night. What's going on?"* or *"You looked really fatigued at practice this afternoon, and your energy level seems low. Is there something bringing you down?"*
- **Expect short and dismissive answers.** Expect resistance. Anticipate that the athlete is afraid to say too much, so be as neutral and non-judgmental as possible. You don't even have to use the words "eating disorder" in this conversation. In fact, you probably want to avoid this terminology. If the athlete uses that phrase, posing a question (*"Are you asking me if I have an eating disorder?"*) or in a statement of denial (*"I don't have an eating disorder, if that's what you think!"*), tell them, *"I do not have all the information needed to determine that. I am just telling you what I've observed and that I am concerned. It is my job to connect you to help, and I can only help if I know what you are going through."*

Eating Disorder Policy and Recommended Protocols

Eating Disorders in Collegiate Sport (cont.)

- **Try to “normalize” the situation yet firmly show your concern.** Avoid blaming the athlete by saying things like, “Athletes who train as hard as you do in sport sometimes need help to be sure they are taking the best care of themselves and are getting enough nutrition. I’m concerned that maybe you’re not giving your body what it needs. Would you be open to talking to someone about it?” Or in the case of an injured athlete, “I’m concerned that you’re not getting proper nutrition to heal from your surgery.” Or for the athlete who is compulsively over-exercising, “I am concerned that you are not taking rest days and are over-training.”
- **Avoid piling on second-hand information** that will feel like accusations or could cause the athlete to feel ganged up on, as if everyone is talking about him/her and “everyone knows.” This approach could increase social isolation, increase despair and also lead to resistance in coming forward to ask for (or accept) help.
- **Play on the fact that the athlete trusts you.** If you tell them that in your opinion you believe this other professional could help them be the best athlete they can be, they will most likely take your advice and act on your referral. Remind the athlete that you believe in them and in their potential to be a great contributor to your team. Make sure you acknowledge how much you value them as an athlete and care about them as an individual. Tell them that you are as invested in their health and wellness as you are in their athletic performance. These are very important points to communicate! Tell them that you understand what they are up against and that you want to help. Remind them of their strength, courage, and ability to face adversity – these are the qualities of a great athlete, and the qualities required to accept help when needed.
- **Make the referral to a qualified professional with training in sports and eating disorders.** The Athletic Trainer (AT) or sports medicine doctor can do a more thorough assessment of the situation and can collect additional clinical data. The case manager on your team can determine what appropriate next steps should be taken and can make referrals to on-campus healthcare practitioners or off-campus community providers.
- **Conclude the meeting by making a plan to follow up.** Restate your concern for the athlete and your commitment to being a source of support for them. Plan to follow up in a couple of days (be specific) to set the expectation that you are holding them accountable to follow through and report back to you on the agreed-upon action plan.
- **Remain open, supportive, positive, and confidential** in your ongoing interactions with the athlete while he/she works with qualified professionals who will manage their needs.

Paula Quatromoni, DSc, RD, LDN

Associate Professor and Chair, Department of Health Sciences, Programs in Nutrition, Boston University

Kate Ackerman, MD, MPH – Sports Medicine Physician



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Click [here](#) for program website.

Biography

Dr. Kate Ackerman graduated from Cornell University, where she was a Varsity rower, obtained her MD from Johns Hopkins, and her MPH from the Harvard School of Public Health. She did her internal medicine residency at the Hospital of the University of Pennsylvania, her Sports fellowship at Boston Children's, and her endocrine fellowship at Brigham and Women's, followed by a research fellowship at Massachusetts General Hospital (MGH). She is triple boarded in internal medicine, sports med, and endocrine. She is a current team physician for the US Rowing Senior, Junior, and Para National Teams, and is an affiliated physician with the Boston Marathon, the Boston Ballet, and multiple local high schools and colleges. Her research and clinical interests largely focus on Female Athlete Triad and Relative Energy Deficiency in Sport (RED-S). She is a member of the IOC's RED-S Committee, a member of the Hypothalamic Amenorrhea taskforce for the Endocrine Society, and a fellow of the American College of Sports Medicine. She holds appointments in the Endocrine Divisions of MGH and Children's, and is the Medical Director of the Female Athlete Program at Boston Children's, Division of Sports Medicine, where she sees female athletes of all ages.

Athletic Background: Prior to college, Dr. Ackerman was active in musical theatre, cheerleading, swimming, and skiing. At Cornell, she discovered rowing and became a member of the Varsity Women's Rowing Team. She went on to become a nationally-ranked lightweight rower after college, medaling at multiple National Championships and eventually competing in the World University Games and the World Championships in sculling events. Since retiring from elite competition, she continues to race in the Head of the Charles, and has won multiple medals in team boat and singles events. She travels with the US National Team to various international events as a team physician.

Dr. Ackerman can present on the following topics: Female Athlete Triad; Relative Energy Deficiency in Sport (RED-S); Eating Disorders in Sport; Common Injuries in Female Athletes; Rowing Injuries; Exercise-Associated Hyponatremia; and other topics on request.

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Other Office Location: Cambridge, MA

Private Practice Information

Years in Practice: 15+

Session Fees: Initial Assessment: \$225-\$275 for 60 minutes; Follow-up Sessions: \$175-\$225 for 45 minutes

Sliding Scale: Yes.

Accepted Insurance Plans: Out-of-Network Providers.

Biography

Leigh Van Dusen, MS, LDN is a Licensed Dietitian/Nutritionist and the owner of Van Dusen Nutrition™. Leigh has more than 15 years of experience specializing in the treatment of athletes with disordered eating and eating disorders. Leigh graduated from Tufts University with a BS in Civil Engineering and earned her Master's degree in Nutritional Biochemistry from the Tufts School of Nutrition Science and Policy. Leigh has worked in all levels of care at Deaconess Waltham Hospital, Laurel Hill Inn, The Renfrew Center, The Center for the Treatment of Eating Disorders and Massachusetts General Hospital's Neuroendocrine Unit. In 2002, Leigh opened a private practice in NYC and in 2008, she moved back to Massachusetts and opened a private practice in Cambridge, MA. In 2015, Leigh added a second office location in Needham, MA and in 2017, she hired Staff Dietitian/Nutritionists to join her team. Leigh's areas of focus include: the prevention of eating disorders in weight-centric sports, recovery from injuries through adequate nourishment, and helping athletes remain in or return to sport while in recovery. In an effort to enhance services specific to exercise, Van Dusen Nutrition™ offers group counseling focused on exercise behaviors and the trademarked program - Therapeutic Movement Support™. This adjunct service is designed to help individuals who have developed a negative relationship with exercise reconnect to movement, sport and body in a more balanced way.

Athletic Background: Leigh competed as a gymnast throughout her childhood and eventually at the national level. Upon entering High School, Leigh participated on the tennis, swimming & diving and lacrosse teams. Junior and senior years, Leigh was ranked first singles on the varsity tennis team. Leigh went on to play tennis and dive at Tufts University and then transitioned to club rugby. Post-college, Leigh ran the Boston Marathon and also competed as a triathlete in half-Ironman and shorter distance races.

Leigh Van Dusen (and her team) can present on the following topics: Disordered Eating in the Athlete – Health Consequences and Treatment Approaches for Adolescents to Adults; Diets, Eating and Exercise Disorders and their Effect on Metabolism; Injury Prevention through Adequate Nutrition; Nutrition Strategies for Achieving Optimal Athletic Performance; and Healthy Eating on a College Campus.

Laura J. Goodman, LMHC – Eating Disorder Therapist



Laura J. Goodman, LMHC

68 Main Street

Suite 3

Andover, MA 01810

Telephone: (978) 475-1617

E-mail: ljgoodman3@sbcglobal.net

Private Practice Information

Years in Practice: 24

Session Fees: \$150 for 50-minute session

Sliding Scale: Yes.

Accepted Insurance Plans: Aetna, Neighborhood Health, Fallon, and Tufts Navigator

Biography

Laura Goodman, M.Ed., LMHC, is a licensed mental health counselor specializing in the field of eating disorders for more than twenty years. After graduating from Boston College with a master's degree in Counseling Psychology, Laura returned to her hometown of Andover, MA where she started her psychotherapy practice, with a concentration in children and adolescents, and a specialty focus in the area of eating disorders. In addition to individual, group, and family psychotherapy, Laura started an eating disorder program at Andover High School, worked with Andover's local newspaper to address adolescent concerns, and provided numerous speaking engagements, in-service trainings, and consultations to Andover and other communities in Massachusetts and New Hampshire. During this time, Laura also authored three books on eating disorders: "**Eating Disorders: Journey to Recovery Workbook**", "**Eating Disorders: Time for Change**", and "**Is Your Child Dying to be Thin?**". Laura was on a national eating disorder board of directors for 10 years, where she also provided assessments, served as a consultant to the Groton School for many years, and has spoken nationally on the topic of eating disorders to parents, coaches, and other athletic organizations, including USA Gymnastics.

Athletic Background: Laura was a competitive tennis player for many years before transitioning to coaching and teaching tennis. At twenty years of age, Laura was the youngest coach at Andover High School, and brought her tennis team to States each of her four years. Laura continued to teach tennis throughout her college and graduate school years, and returned to competition during this time, before retiring from the sport due to athletic injuries. Laura's athletic background continues, however, as two of her children are competitive swimmers.

Laura Goodman can present on the following topics: Identification of Eating and/or Body Image Concerns within the Collegiate Athlete Population; Assessment and Referral of the Collegiate Athlete; and Transitioning Collegiate Athletes Back to Campus Post-Treatment

Caroline Silby, PhD, MEd – Sports Psychology Consultant



Caroline Silby, PhD, MEd

11140 Rockville Pike
Rockville, MD 20852

Telephone: (703) 786-1100

E-mail: caroline@drsilby.com

Website: www.drsilby.com

Private Practice Information

Years in Practice: 25+

Session Fees: \$350 for Initial Consultation; \$250 for 45-minute follow-up.

Sliding Scale: Yes – for National, Olympic, World Team athletes with limited funding.

Accepted Insurance Plans: None. All services are private pay.

Biography

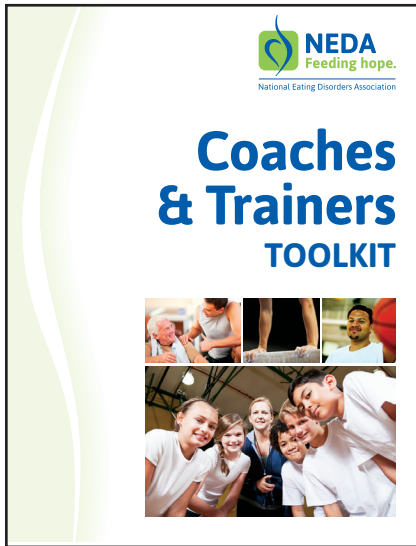
Caroline Silby, Ph.D., M.Ed., is a nationally recognized expert on the development of adolescent athletes. She has worked on an individual basis with two Olympic Gold Medalists, twelve Olympians, two Paralympian Gold Medalists, three World Champions, fourteen National Champions, dozens of professional dancers and hundreds of National Team members and Division I student-athletes and their coaches. In 2001, she joined American University as Adjunct Faculty. Dr. Silby is the author of, **Games Girls Play: Understanding and Guiding Young Female Athletes** (St. Martin's Press, 2000, 2001) and contributing author to, **Sports Secrets and Spirit Stuff** (American Girl Company, 2006). Dr. Silby's work focuses on using sports to empower athletes to grow into healthy, happy and successful adults who simultaneously have sport outcomes that match their capabilities.

Dr. Silby can provide education and guidance for parents and coaches regarding how best to support the elite athlete. This includes return to play decisions post-injury and upon completion of eating disorder treatment. Dr. Silby is available for consultations with parents, athletes and coaches via SKYPE, Facetime and phone.

Athletic Background: Dr. Silby was a member of the National Figure Skating Team. She later served on the U.S. Figure Skating Association Board of Directors and the U.S. Olympic Committee Athlete Advisory Council.

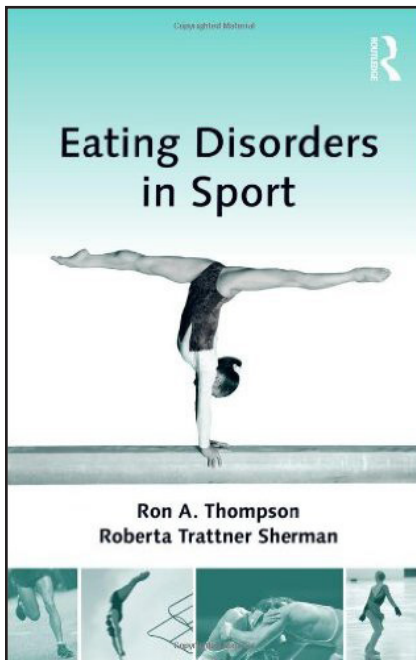
Dr. Caroline Silby can present on the following topics: The Why, What and When of Mental Fitness Training; Psychological Considerations for Underperformance and Recovery; Injury Prevention and Recovery; Body Image; ED/DE in Sport; Performing Your Best When It Counts the Most; Team Dynamics; Communication; Motivational Climate; and Stress Management.

Educational Resources



[Coaches & Trainers Toolkit](#)

The Coaches & Trainers Toolkit is a great resource to share with university staff interested in learning more about how to best support athletes struggling with body image and/or eating concerns. Topics include: eating disorder signs and symptoms specific to an athletic setting, the physiological impact of eating disorders on athletic performance, The Female Athlete Triad, factors that put athletes at risk for eating disorders, encouraging healthy and appropriate exercise and training for student-athletes, early intervention strategies for coaches, and personal stories.



[Eating Disorders in Sport](#)

Over the past fifteen years, there has been a great increase in the knowledge of eating disorders in sport and effective means of treatment. In this book, the authors draw on their extensive clinical experience to discuss how to identify, manage, treat, and prevent eating disorders in sport participants. They begin by examining the clinical conditions related to eating problems, including descriptions of specific disorders and a review of the relevant literature. Special attention is given to the specific gender and sport-related factors that can negatively influence the eating habits of athletes.

The second half of the book discusses identification of participants with disordered eating by reviewing symptoms and how they manifest in sport; management issues for sport personnel, coaches, athletic trainers, and healthcare professionals; treatment; and medical considerations, such as the use of psychotropic medications.

Boston Children's Hospital Female Athlete Program



Boston Children's Hospital Sports Medicine

Female Athlete Program at Boston Children's Hospital

The Female Athlete Program at Boston Children's Hospital is a multidisciplinary team highly specialized in the treatment of girls and young women struggling with The Female Athlete Triad. This condition is characterized by low energy availability, menstrual dysfunction and decreased bone mineral density. Their clinical team helps young female athletes increase their energy availability, resume regular menstrual cycles, improve bone health and address other health and performance concerns.

Their team cares for athletes of all ages, from novices to elite professionals. Starting with thorough initial evaluations, they also work closely with the athlete, family, and coaches (when appropriate) to help support the athlete through their recovery. They customize an individualized treatment plan and continuously evaluate the efficacy of this plan throughout the course of treatment.

The team at BCH's Female Athlete Program is comprised of individuals with specialty certifications and extensive experience treating low energy availability and disordered eating. Team members include Sports Medicine and Endocrine Physician Kathryn Ackerman, MD, MPH, FACSM and Sports Dietitian Laura Moretti, MS, RD, CSSD. This multidisciplinary team works closely and collaboratively to ensure consistency of care and treatment goals.

In addition to clinical support, the Female Athlete Program is also available to help develop workshops for your campus or sport community. They have the convenience of being located across the street from the Micheli Center for Sports and Performance as well as Children's Hospital at Waltham. Please feel free to contact them directly for more information.

Female Athlete Program

Division of Sports Medicine at Boston Children's Hospital

20 Hope Ave, Ste G10

Waltham, MA 02453

Office: (617) 355-3501

Website: <http://www.childrenshospital.org/centers-and-services/female-athlete-program>

Residential Facility for Athletes with Eating Disorders



The Victory Program

A McCallum Place Eating Disorder Center

The Victory Program at McCallum Place is a program designed for competitive male and female athletes that provides treatment to help athletes overcome their eating disorders while significantly improving physical and psychological health for maximum performance and emotional wellbeing. The program is the result of a collaboration between Kimberli McCallum, MD, FAPA, CEDS, a nationally recognized expert in treating eating disorders, and Ron Thompson, PhD, FAED, and Roberta Sherman, PhD, FAED, pioneers in the field of treating athletes with eating disorders who have advised both the NCAA and the Medical Commission of the International Olympic Committee on these issues. The Victory Program is the first treatment center in the country crafted specifically to treat high-level adolescent and adult athletes who struggle with disordered eating. Victory staff are caring and experienced experts in the field of eating disorders and sport, who understand not only the special treatment needs of this population, but also understand and appreciate the importance of sport in the life of a serious athlete.

Sport performance is of paramount importance to serious athletes. For that reason, the athlete's performance is not avoided or forgotten while in residential care; rather, it is interwoven into eating disorder treatment. An athlete does not need to choose between sport and recovery. Victory Program staff do not believe that the athlete's health and treatment should ever be subordinated to sport. At the same time, these providers do not believe that performance has to be ignored in effective treatment. The Victory Program utilizes a team approach, which means that patients benefit from individual sessions with:

- Medical professionals providing on-site psychiatric and general medical care
- Sport psychologists mentally preparing athletes for competition and working with coaches, sports medicine staff, and teammates
- Sports dietitians providing education specific information related to meeting nutritional needs for training, competition, and recovery
- Eating disorder therapists addressing distorted thoughts and maladaptive behaviors contributing to the development and sustainment of the individual's eating disorder
- Exercise and performance specialists providing physical therapy, rehabilitation support and other training needs

A critical component of recovery is navigating re-entry into life and competition without an eating disorder. Their multiple levels of care provide the right balance between support and independence. This includes the following treatment options:

- Residential care
- Extended (10 hour) and traditional (6 hour) day treatment
- Transitional apartment living
- Intensive outpatient care

Residential Facility for Athletes with Eating Disorders



The Victory Program

A McCallum Place Eating Disorder Center

The Victory Program also offers group therapy and education, equipping athletes with the skills, knowledge, and personal transformation that will allow them to leave treatment on a path toward recovery. Victory groups include:

- Sports nutrition
- Sport psychology
- Fitness and sport specific training
- DBT and CBT based therapy groups
- Issues related to family of origin and sport family
- Body image
- Expressive arts therapies and experiential groups
- Mindfulness and meditation skills
- Yoga
- Meal therapy, meal outings, and exposures
- Relapse prevention and discharge planning

Additionally, program staff will work with athletes, their families and teams, coaches, and trainers to provide education and aftercare planning.

The combination of McCallum Place's evidence-based treatment philosophy regarding athletes and eating disorders coupled with the Victory Program staff, and its belief that athletes constitute a unique subpopulation of eating disorder patients, truly make it a program that is one of a kind. The team believes that athletes need specialized approaches to identification, management, and prevention, but especially eating disorder treatment.

At the Victory Program, athletes with an eating disorder will encounter a program designed specifically for them. In addition to programming for eating disorders focusing on the sport environment, sports nutrition, sports related body image, the "sport family", and return to sport, the Victory Program encourages athletes to build mental toughness and positive body images as resources for recovery.

The Victory Program: Eating Disorder Treatment for Athletes

McCallum Place Centers for Eating Disorders

231 W. Lockwood Avenue, Suite 201

St. Louis, MO 63119

Intake and Admissions: (800) 828-8158

Website: www.mccallumplace.com/the-victory-program.html



www.hynesrecovery.com

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