



Guidance for schools on education plan for a student in treatment



Recovering from an eating disorder is a long-term process. Students miss significant amounts of time from school. Here are some suggested strategies for helping students during and after treatment:

- Meet with the student and parents before the student returns to school to discuss the support needed
 - Be aware of the effects of eating disorders on cognitive abilities, so your expectations are realistic
 - Develop a realistic educational plan for the student
 - Be flexible while balancing realistic workloads, deadlines, and the school's responsibility to ensure the student fulfills important learning goals
 - Consider the timing of potentially stressful decisions (i.e., discussing if the student needs to repeat the grade)
 - Try to minimize the long-term impact on the student's career choice
 - Recognize that the student's reconnecting with friends may be difficult and stressful
 - Offer the student a buddy or buddy group for at-school support (lunch, recess) after an extended absence
 - Create small group project opportunities in class for the student to participate in
 - Provide tutoring support
- The National Association of School Psychologists published an article (see **Key Sources**) about the school psychologist's role in reintegrating a student after inpatient or outpatient eating disorder treatment. Key points include the following:
- Work with treatment team and school to ensure the reintegration plan takes the student's medical, psychological, and academic needs into account (upon re-entry, student may need supportive counseling, medical monitoring, release from physical education classes, meal monitoring, and ongoing communication between treatment team and family)
 - Help school devise reduced workload for student, alternative assignments for physical education requirements, extended time on assignments/tests, peer tutoring, copies of class notes from missed days, and access to a quiet study location, as needed
 - Advocate for the student (e.g., help student negotiate scheduling conflicts between school and doctor appointments; educate teachers about side effects of the student's medications)
 - Provide in-school counseling (relaxation techniques, supportive and reflective listening, short-term solution-focused problem solving for in-school issues)
 - Work with administrators to create a healthy school environment (zero-tolerance of appearance-based teasing and bullying, encourage that healthy lunch options be adopted in cafeteria, schedule in-services on eating disorders)
 - Assist teachers in including healthy body and eating disorder prevention subjects into their curricula
 - Discipline students who bully others based on their appearance
 - Model healthy attitudes (balanced eating and exercise for health rather than appearance)
 - Refer at-risk students for screening and evaluation as permitted by the student assistance program
 - Promote alternatives to class activities that may trigger eating disorder behaviors (e.g., weigh-ins, co-education swim class, calorie counting in nutrition class)
 - Consult with school nurse who may need to conduct periodic assessments and follow-up: pulse and blood pressure checks, medication dispensing, manage medical releases and restriction forms for activities and meals, monitor student during meals

KEY SOURCES

Victorian Centre of Excellence in Eating Disorders, The Royal Melbourne Hospital, Australia <http://www.rch.org.au/ceed/>

The Prevention and Treatment of Eating Disorders: An Overview for School Psychologists by Catherine Cook-Cottone & Melinda Scime <http://www.nasponline.org/publications/cq/cq345eatingdisorders.aspx>