



## 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>