

## *Eating disorders and obesity*

Eating disorders among children and teens have reached an epidemic level. They include a continuum of eating related behavior, including compulsive, continuous overeating, binge eating with throwing up (bulimia), and starving oneself (anorexia). These disorders can eventually lead to morbid obesity on the one end, or starvation on the other. Over the past three decades, the share of children who are overweight has doubled, from 15 percent in the 1970s to nearly 30 percent today, while the share of children who are obese has tripled to from 5 to 15 percent.

Eating disorders can result in depression, anxiety, low self-esteem, increased health risks and even death. Obese kids get diabetes, bulimic kids end up with rotten teeth, anorexic kids can suffer irreversible damage to internal organs, especially the liver. All of these children are vulnerable to psychological disorders that can be cause and/or effect of their eating problems.

Eating disorders impact school both directly and indirectly. They are linked to greater absenteeism, decreased ability to concentrate and learn, and decreased interpersonal functioning. Ideally, food and nutrition issues are handled as part of a comprehensive health curriculum, that also includes training in cognitive-behavioral strategies and social skills that can reduce the risk of falling victim to eating disorders. However, many schools are now unwilling to devote instruction time to comprehensive health education, for fear of compromising achievement on standardized tests in academic areas.

The feeling is largely unfounded, since the core social-emotional abilities that are part of health education have been linked to higher academic achievement.

Secondary prevention can be effective with students who are obese through life style “defaults” such as lack of exercise, high fat, fast foods, or a pattern of eating to sublimate feelings. They are not likely to be effective with students who are morbidly skinny. Students who have become anorexic almost always need professional help. Ripple Effects program can’t give that level of help to them, but it can prompt disclosure to trusted adults who can see that they get it.

## Goals of intervention

### Students will:

- Understand the basic components of a health diet
- Understand how their eating patterns are linked to emotional healthy
- Correct an unrealistic body image
- Understand their body type
- Examine and exercise control over their television and video game use
- Identify a kind of exercise they can like
- Use cognitive-behavioral strategies for dealing with emotional needs directly

## A suggested scope and sequence

### SKILL TRAINING TOPICS

#### Know who you are

Body type  
Body image  
Exercise type  
Strengths and weaknesses  
Set goals

#### Manage feelings

Body sensing  
Self talk  
External triggers

#### Control impulses

Stop reactions  
Predict consequences

#### Problem solving

### CHALLENGE TOPICS

Anorexia  
Bulimia  
Obese (fat)

Afraid  
Angry  
Depression  
Sad  
Television  
Video games



Eating disorder "info" screen shot