

## **Guidelines for Counseling People Concerned With A Student ("The Focal Person") Who May Have An Eating Disorder**

1. If the issue arises, do not promise to keep the details of the conversation "a secret." Promise to be discrete and professional, but leave open the possibility that you may have to contact the counseling center.
2. Determine if there is an emergency. If there is evidence of physical disorder (fainting, muscle spasms, coughing up blood), emaciation, uncontrollable behavior (e.g. frequent bingeing and purging, reflexive vomiting), frightening acts (repeated drunkenness, promiscuity, self-mutilation), or suicide, take control of the situation.
3. In a supportive manner, clarify for the "concerned others" (a) the degree of their concern, (b) the specific behaviors, statements, and attitudes of the focal person which form the basis of their concern, (c) what, if anything, has changed recently so as to prompt to their visit at this particular time, and (d) what they are inclined to do.
4. Attend to the possible signs and symptoms of an eating disorder, but emphasize also (a) the focal person's efficiency, feelings, and relationships, and (b) the effects of the sufferer's behavior on the concerned others. The purpose of your interview with the concerned other(s) is identification of a problem and development of solutions, not accurate diagnosis and labeling.
5. If warranted (as it often is), support the need for concern and for action, while encouraging and coaching "concerned others" to take the initiative in speaking and dealing assertively with the focal person.
6. Be informed about (a) campus resources for the evaluation and treatment of psychological problems, and (b) the resistance with which concerned others may meet when they speak with the focal person.
7. Remind "concerned others" that they have rights also. Their ability to help will be compromised if they are exhausted by unreasonable requests, frustrated by denial, or manipulated into anger. In this regard, let concerned others know that campus counseling services (or, on some campuses, support groups) exist for them as well.
8. If it is clear that an eating disorder and/or related problem (e.g. depression) exists, help concerned others understand their limitations in the matter and the importance of avoiding becoming enmeshed in the focal person's problem.
9. Let it be known that your suggestions are tentative hypotheses, and therefore, that you are open to (a) feedback about their effects, and (b) further collaboration with either the concerned others or the person with the problems.
10. Consult as soon as possible with the counseling center and/or with colleagues in order to get feedback about your handling of the situation and in order to get support for yourself.

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