



The strength of a multidisciplinary approach towards students with an eating problem.

Sigrid Schoukens, psychologist  
Maura Sisk, general practitioner

Student Health Center, KULeuven  
**EUSUSHM CONGRESS 2017**

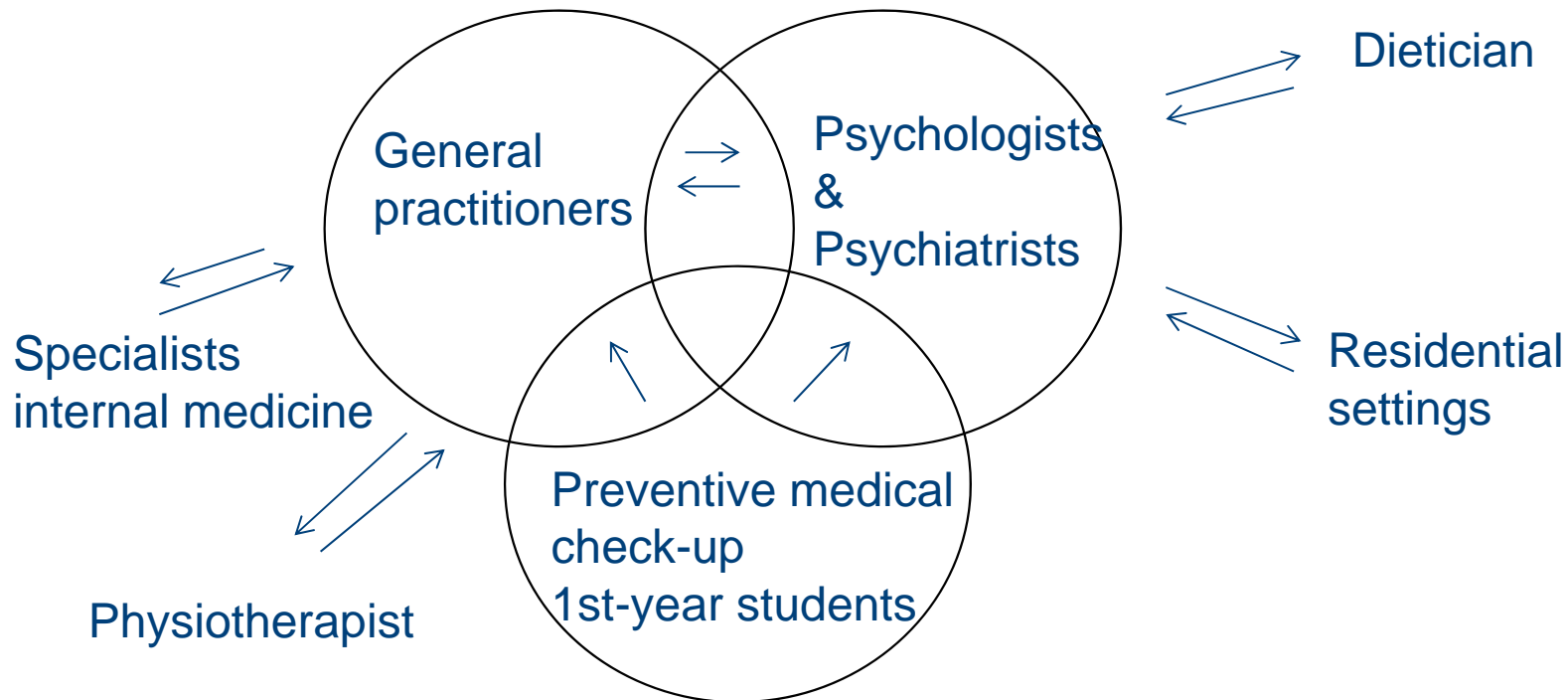


# Content of presentation

- Introduction to Student Health Center
- KU Leuven College Surveys: Main findings
- Student Health Center: Core practice
- Conceptual Tools
- Stepped Care Approach for students with eating problems
- Cognitive - Behavioral Group Therapy
  
- Time for Questions

# Student Health Center

- Health Care for University Students



# Eating problems among students: Prevalence (P. Mortier, 2012)

	Year 1 (%)	Year 4 (%)	Persistence (%)
Eating disorders	7,5	6,5	22,0→72,4

# Main Findings

- Eating problems among college students are high and persistent
- Low help-seeking
- High co-morbidity (with anxiety, depression, substance abuse, self-harm and suicidal behavior)
- High differences in severity and needs for treatment
- Most of our students do not present as patients and do not meet the full diagnostic criteria for anorexia or bulimia ... but clearly exhibit disordered eating patterns and experience distress or impairment in their daily lives

# Student Health Center: Core Practice

- Screening for eating disorder at freshman preventive medical check up
- Detection of students with eating problems when counselling with psychologist or consultation with GP
- Starting up multidisciplinary follow up, including psychologist (ev. Psychiatrist), GP and dietician
- Referral

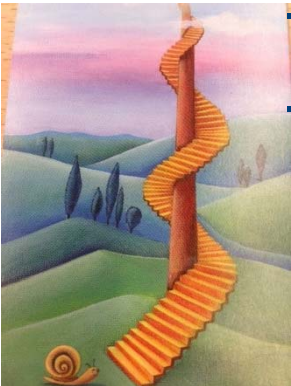
# Conceptual tools

- **Self-Determination Theory by Deci and Ryan (1985)**
- **The Diagnosis of Eating Disorders Not Otherwise Specified (DSM IV)** as a tool to identify and cast a wider range of eating disorders
- **Stepped care model of intervention** (based on Drum and Lawler, 1988), that includes preventive, intermediate and remedial responses to varied forms of eating-related concerns

# Stepped Care model for intervention: Step 1

***‘The student feels no urgent need for assistance and has low or no motivation for change.’***

- Identification and assessment, education and active screening
  - Preventive medical check-up 1st-year students
  - Consultation GP
  - Intake Psychologist (clinical interviewing, OQ-45)

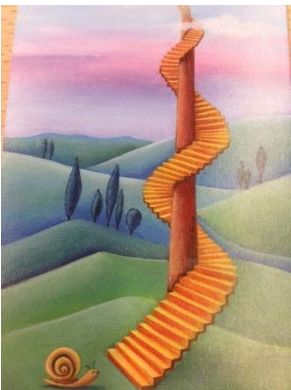




# Stepped Care model for intervention: Step 2

## ***‘The Eating Disorder NOS candidate with early or subthreshold eating problems’***

- Individual interventions to enhance intrinsic motivation and awareness (GP or Psychologist)
- Start up multidisciplinary follow up, including psychologist (ev. Psychiatrist), GP and dietician
- Cognitive - Behavioral Group Therapy



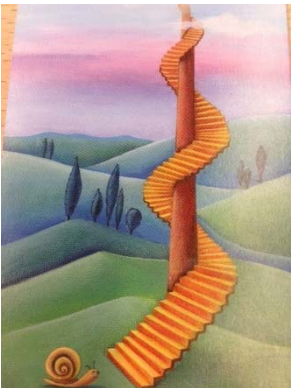
## Stepped Care model for intervention: Step 3

***‘A high sense of urgency and moderately high motivation for change are usual. The individual tends to remain defensive and resistant to treatment, regardless of her distress.’***

- Motivational counseling towards a residential programme or external specialized treatment

- Start up multidisciplinary follow up, including psychologist (ev. Psychiatrist), GP and dietician

- Cognitive - Behavioral Group therapy



# Cognitive - Behavioral Group Therapy

Based on TRANSDIAGNOSTIC CBT, Christopher G Fairburn

- Limited to individual assessment, 8 group-sessions, individual follow-up
- The program is highly structured and emphasis on
  - developing self-assessment
  - building nutrition and weight management skills
  - problem solving strategies
  - cognitive interventions
  - improving self-perceptions

# Cognitive - Behavioral Group therapy

## Individual Assessment

- Engage the student in treatment and the prospect of change
- Assessing the nature and severity of the psychopathology present
- Jointly creating a formulation of the processes maintaining the eating problem
- Explaining what the treatment will involve
- Talk about involving significant others and the impact on treatment
- Refer to GP for medical screening

# Cognitive - Behavioral Group therapy

## Content

### Session One: “Start well”

- Establishing self-monitoring
- Initiating weekly weighing

### Session Two: “Regular Eating”

- Establishing Regular Eating
- Addressing purging (vomiting and abuse of laxatives or diuretics)- feelings of fullness – restriction – excessive exercising

# Cognitive - Behavioral Group therapy

## Content

### Session Three: “**Alternatives for strict dieting and compensatory weight-control behaviour**”

- Review the recordings (food-diary)
- Evaluate weekly weighing
- Address the most important maintaining mechanisms and barriers

### Session Four : “**Problem Solving**”

- Develop and train problem solving skills

# Cognitive - Behavioral Group therapy

## Content

### Session Five: “Taking Stock”

- Review of Progress
- Decide the next step

### Session Six: **Dieting**

- Identify the main forms of restraint
- Identify other dietary rules and rituals
- Identify mechanisms responsible for binges

# Cognitive - Behavioral Group therapy

## Content

### Session Seven: **Body image**

Address the over-evaluation using two strategies:

- Develop new domains for self-evaluation
- Reduce the importance of shape and weight by addressing shape checking and avoidance, mirror-use, comparison-making, feeling fat

### Session Eight: “End well”

- Maintain the changes obtained
- Minimise the risk of relapse



During the process of CBT several common counseling themes tend to emerge:

- Perfectionism
- Fragile sense of self and dependency
- Sexual identity questions
- Struggle for power

# Cognitive - Behavioral Group therapy

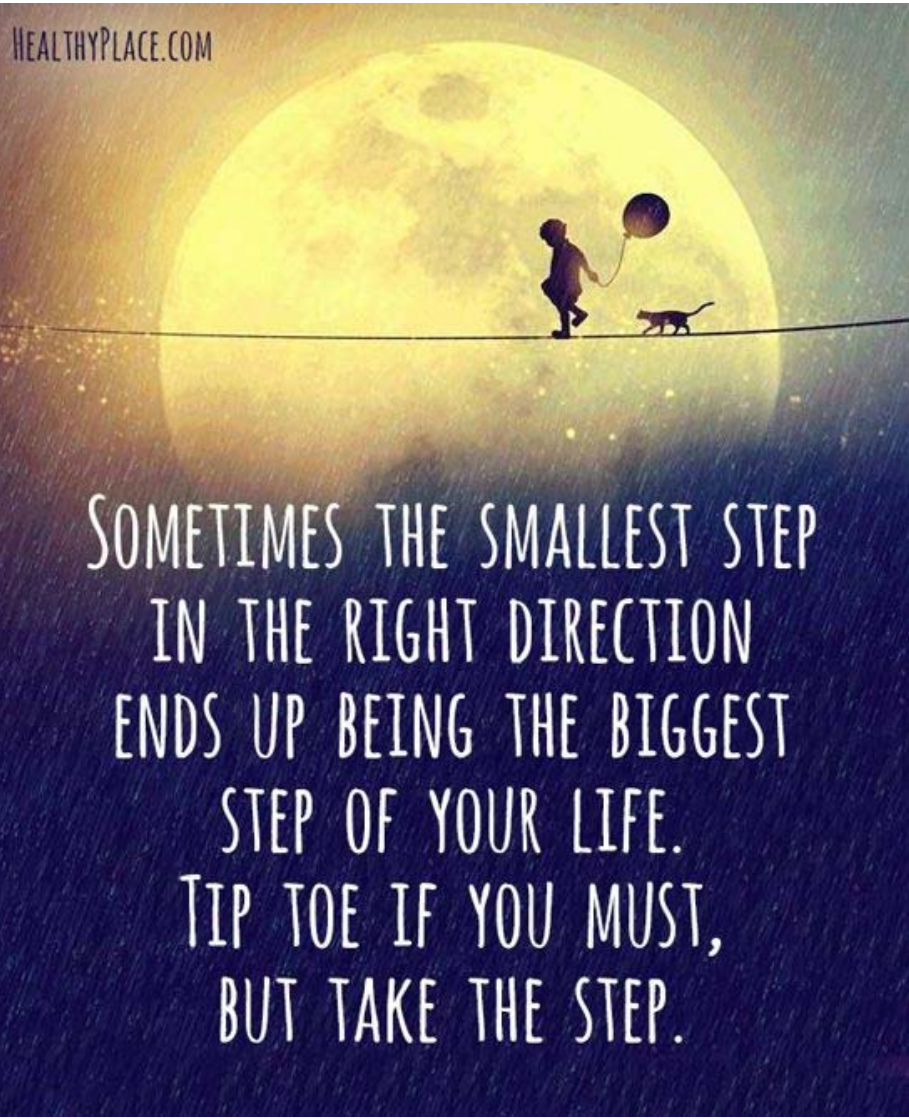
## Individual follow-up

Program evaluation can result in

- no need for further help
- one or a few sessions with confidant
- engagement for indepth grouptherapy at Student Health Center (mood intolerance, perfectionism, interpersonal difficulties)
  - engagement for external outpatient treatment
  - engagement for a residential program

# Take home message

Being present as a counsellor and staying with the student when the bridge is made to the next step in their treatment can make a very big difference in preventing chronic conditions for these 'high risk profile' students.



SOMETIMES THE SMALLEST STEP  
IN THE RIGHT DIRECTION  
ENDS UP BEING THE BIGGEST  
STEP OF YOUR LIFE.  
TIP TOE IF YOU MUST,  
BUT TAKE THE STEP.

Any questions?

# Use of SDT at Student Health Center

- **Autonomy:**
  - Focus on strengths
  - Each cl is captain of her treatment
  - Join with personal values
- **Relatedness:**
  - Use the worries of family, friends, classmates
  - Use own worries



- Competence:
  - Give lots of information
  - Reinforce what cl already did
  - Realistic goals, concrete next steps
  - Communicate trust and hope

