

Eating Disorders

Eating disorders are serious conditions that can have life threatening effects on youth. A person with an eating disorder tends to have extreme emotions toward food and behaviors surrounding weight. The three most common types of eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder. Eating disorders typically begin in the teen and young adult years. Though eating disorders are most common among females, males can also develop eating disorders. The symptoms vary based on the type of eating disorder.

Symptoms and Warning Signs

Anorexia nervosa:

- Inadequate food intake leading to abnormally low body weight
- Fear of gaining weight
- Distorted perceptions of weight or shape
- Exercise excessively
- Use laxatives and/or diet aids inappropriately
- Avoid meal times or situations that involve food
- Preoccupation with weight, food, calories, fat grams, and dieting
- Low-esteem

Bulimia nervosa:

- Episodes of eating large amounts of food (binging) followed by forced vomiting (purging) or others behavior that prevent weight gain; May also restrict food intake, which commonly leads to bingeing and purging later in the day
- Guilt, shame or fear of weight gain from overeating
- Frequent trips to the restroom typically after meals
- Exercise excessively
- Use laxatives and/or diet aids inappropriately
- Distorted perceptions of weight or shape
- Discoloration of the teeth or swelling of the jaw area from purging
- Feeling out of control during binge eating episodes
- Low self-esteem

Binge Eating Disorder:

- Episodes of eating large amounts of food when you're not hungry typically until feeling uncomfortably full
- Lack of control during binge eating episodes
- Eating quickly and/or for a long period of time
- Eating alone often due to embarrassment
- Feeling disgusted or depressed after binge eating episode
- Often overweight or obese

Did you know...

4 out of 10 Americans have either suffered or have known someone who has suffered from an eating disorder



Anorexia, bulimia and binge eating disorder can have life threatening effects on the body. According to the National Eating Disorder Association, 5-20% of people struggling with anorexia will die, which is one of the highest death rates of any mental health condition. Health consequences of anorexia include abnormally slow heart rate, low blood pressure, muscle loss, kidney failure, osteoporosis, and hair loss. Binge eating disorder can also cause health risks, which include high blood pressure, heart disease, type II diabetes, and gallbladder disease. Individuals who struggle with an eating disorder are also at an increased risk of death from suicide.

Eating disorders are not fads, they are serious mental disorders that are influenced by genetic and environmental factors. Parents, care givers and teachers play a vital role in preventing eating disorders by modeling positive behavior and promoting healthy lifestyle habits. Below is a list of prevention tips from the National Association of School Psychologist.

Prevention Tips:

- Eat well balanced meals with healthy portion sizes; avoid fast food
- Exercise regularly; Include your child in physical activities and exercise
- Drink plenty of water
- Don't prohibit foods, but instead emphasize the importance of moderation
- Avoid obsessing over food or weight
- Encourage physical activities
- Accept your child's weight and advocate against bullying
- Help your child develop positive coping strategies when teasing or bullying occurs
- Do not encourage dieting

If you notice any of the signs of an eating disorder contact a professional such as a pediatrician or school psychologist. There are treatment options available, but early intervention is important to recovery. For more information on eating disorders please see the resources below.

Sources: <http://www.nationaleatingdisorders.org/general-information>

<http://www.nimh.nih.gov/health/topics/eating-disorders/index.shtml>

<http://www.nasponline.org/publications/periodicals/communique/issues/volume-35-issue-8/eating-disorders-prevention-and-wellness-tips-for-parents>

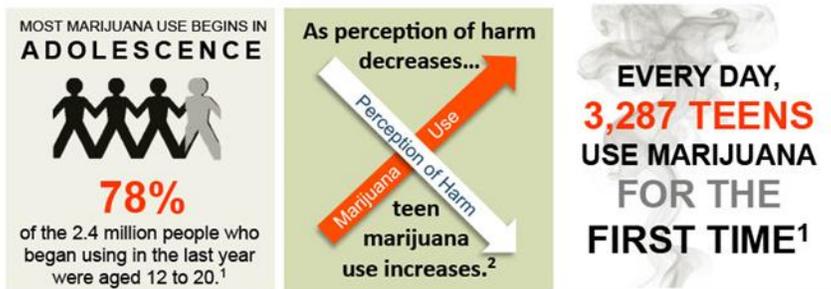
The Truth about Marijuana: The Changing Nature of the Drug and the Harmful Effects on Adolescents

Marijuana is the most commonly used illicit drug in the United States. With all the hype that has come to surface over the legalization of marijuana and its medicinal purposes, there is no doubt that our youth have received some mixed messages from society that has led to misconceptions over the harm that marijuana reeks on developing adolescents. There is a myth amongst adolescents (and some adults) that marijuana is a benign drug that does not pose a threat to the user's health or brain. As a result the number of youth who believe marijuana use is risky is decreasing. While we invest time and energy in educating youth on such topics as the dangers of drinking and driving we must also devote time to raising awareness of the harmful effects that marijuana use has on youth.



MARIJUANA USE & EDUCATIONAL OUTCOMES

Studies show that marijuana interferes with attention, motivation, memory, and learning. Students who use marijuana regularly tend to get lower grades and are more likely to drop out of high school than those who don't use. Those who use it regularly may be functioning at a reduced intellectual level most or all of the time.



Contrary to popular belief, marijuana is psychologically addictive and when use begins during the teenage years the addiction is more likely. In fact, studies show that 1 in 6 adolescents who try marijuana become addicted. This is because marijuana affects adolescents differently than adults due to brain development which continues until about 25 years of age. Marijuana use changes the structure of the teenage brain, specifically in areas dealing with memory and problem solving that can affect cognition and academic performance. When a person smokes marijuana, THC (the intoxicating chemical in marijuana) acts on numerous areas of the brain. Over the last several decades the amount of THC in marijuana has been increasing, leading to more harmful effects. According to one study the percentage of THC found in marijuana during 1972 was 1%, during the 1990's that percentage increased to 4 % and today the percentage has risen to 13%. While those percentages of THC pertain to marijuana that is smoked, when the drug is consumed through edibles, in the wax form (also referred to as dabbing) or through other forms of extracts (liquid THC), the potency rate increases to 50-80% THC. These high rates of THC have led to increased ER visits as a result of marijuana use.

Detailed below are some of the harmful effects that are being seen in teens who abuse marijuana:

Educational Effects:

- Reduced ability to concentrate
- Impaired or reduced short and long-term memory
- Impaired or reduced comprehension

- Impairments in learning, perception and judgement
- Lower IQ

Physical and Psychological Effects

- Breathing problems
- Reduced resistance to common illnesses
- Infertility in both men and women
- Sleepiness
- Increased heart rate
- Paranoia, hallucinations
- Intense anxiety or panic attacks
- Depression

If you have concerns for a student who may be using marijuana, a SCIP referral can help navigate intervention services, wrap students with support and bring awareness to a potentially dangerous behavior. Behavioral support such as therapy and relapse prevention have been effective in treating marijuana addiction.

Resources: www.samhsa.gov; www.drugabuse.gov; www.livescience.com

Understanding the Effects of Poverty on Child & Adolescent Mental, Emotional and Behavioral Health: Practice Implications

The last decade has seen economic changes that have resulted in a growing number of families who struggle to make ends meet. Families who live in poverty are faced with obstacles and challenges that can pose risks to family functions and create an environment of stress for children. The harmful effects of poverty on children's emotional, mental and behavioral health is a concern not only for families but communities as a whole. Those working within the school environment need to be aware of the implications that living in poverty have on children and adolescent health. Awareness can lead to education and preventative strategies that can aid in family resiliency despite financial odds.

The first step in promoting resiliency in low-income children is recognizing the influential factors that contribute to the negative mental, emotional and behavioral health outcomes of impoverished children. A recent review of literature found the following factors to be helpful in guiding practitioners in their work with low-income families.

Neighborhood Disadvantage- Neighborhood disadvantage can create a context of "cumulative risk" for children in that multiple factors such as lack of community resources, neighborhood violence, high unemployment rates amongst parents and lack of neighborhood cohesion can lead to a pile up of stressors that create adverse mental health outcomes. Neighborhood disadvantage can likewise negatively influence parental mental health which can lead to negative parenting practices as a result of poverty related stress.

Parental Distress- Poverty related stress greatly increases a parent's likelihood of experiencing psychological and mental health problems. The adverse health outcomes of parents as a result of hardship can have profound impacts on a child's emotional wellbeing and ability to cope. Research shows that parents who struggle with economic hardship and poverty related stress engage in more authoritarian, less warm, less consistent parenting behaviors that negatively affect children's mental, emotional and behavioral health.

Limited Resources and Access to Services- Low-income families face increased barriers to accessing resources and services that address the adverse mental and emotional health outcomes in children as a result of impoverishment. Lack of transportation, limited mental health services in poor communities/neighborhoods and limited resources to pay for such services are examples of the barriers that impoverished families face in accessing mental health services for their at-risk children.

Our goal in understanding the effects of poverty on children's mental health should be to improve outcomes. Connecting research to practice has meaningful implications for those of us in the field dedicated to creating an environment of success for children and adolescents. There is not one "fix all" answer for addressing the adverse effects of poverty on children. Rather implementing multiple levels of intervention and support offers a more sound approach. Below are some important practice implications for us to consider.

- Practice approaches that directly address parental needs such as assisting parents in improving parenting skills, and increasing coping skills. Helping parents to reduce their own levels of distress so that they are more capable of supporting and helping their children through distress can lead to more favorable outcomes.

- Community level interventions that recognize the relationships between neighborhood disadvantage and poverty related stress. Programs that advocate for neighborhood improvement initiatives and promote community togetherness may serve as a means of support to low-income families and reduce psychological symptoms in children. Advocating for community resources and services that are more easily accessible to impoverished families.
- Practice approaches within schools can be a good starting place to reach families who struggle to access services. Research shows that interventions at the institutional level, such as schools, positively impact low-income children's emotional and psychological distress and social behavioral problems. Children and adolescents spend a great deal of their time within the institutional walls of schools and thus it makes sense to explore school interventions in addressing at-risk, impoverished youth. Children and parents alike can benefit from building positive relationships with teachers, school counselors and social workers who can serve as an important source of support. Collaborations between community agencies and schools to open doors for therapeutic services for children during school hours and family support to parents are likewise powerful supports.

Resources: Journal of Administration and Policy in Mental Health and Mental Health Services Research; Journal of Administrative Policy and Mental Health; Journal of Marriage and Family; Annals New York Academy of Sciences; Social Science and Medicine; Journal of Economic Psychology; Journal of Contemporary Psychotherapy; American Psychologist.