

Policy for the Prevention, Identification and Action on Disordered Eating

Centres for Advanced Training in Dance

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The Centres for Advanced Training (CATs) recognise that disordered eating is more common in dance than in the general population, and that the dance environment can sometimes be a high-risk one for individuals with other predisposing characteristics. Disordered eating may also be unrelated to dance – puberty and adolescence are themselves risk factors, and a combination of factors is often the cause. Nevertheless, we see prevention, identification and positive action around disordered eating as part of our remit because it is both unhealthy and dangerous to allow problems to go undetected, however they may have arisen. On the whole, we know that dance training can, and should be, a positive and healthy experience for young people. It is therefore our goal to work toward the promotion of healthy eating and positive body image alongside, and as a part of, our artistic and technical goals.

The aim of this policy is to:

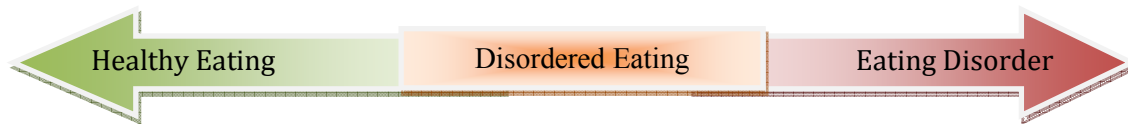
- Make clear the stance that CATs take on disordered eating
- Aid prevention, so that disordered eating can be avoided wherever possible
- Facilitate identification, so that dancers with disordered eating can be identified early and as accurately as possible
- Support positive action when disordered eating does occur

As part of our commitment to this policy, we work to ensure that:

- If a member of staff, student, or parent is concerned about the weight of a student this must be communicated to the CAT manager as soon as possible.
- Dancers will not be commented on as being over- or underweight or be recommended or told to adjust their weight or diet unless it appears that their health is at risk. Only nominated, key individuals ([**Viv Slayford**] for our CAT) discuss concerns about under- or overeating directly with a dancer. Advice will be within the framework of this policy and take place in an appropriate setting.
- Any dancer seeking to adjust their weight will be given knowledgeable, evidence-based advice regarding healthy eating and weight change, from a health professional where possible. Changes should be closely monitored and recorded.
- Dancers with a suspected eating disorder will not be blamed or punished. Instead, they will be supported both within the CAT and in the seeking of outside help (e.g. GP referral).

Terminology

Many terms are related to this policy, including disordered eating, eating disorders, anorexia nervosa, bulimia nervosa, overeating, binge eating, eating problems, and others. We recognise that eating problems exist on a continuum from healthy eating to clinical eating disorders, with a large range of more or less healthy / more or less disordered eating in between:



- **Eating disorders** (including anorexia nervosa, bulimia nervosa, and binge eating disorder) are clinical problems that only a trained professional (such as a psychologist or psychiatrist) can diagnose and treat.
- **Disordered Eating** is a broader term, describing problems that may not qualify as clinical eating disorders. They are less serious and more people will have disordered eating than full eating disorders. However, people will usually develop disordered eating before eating disorders. For example, a dancer who previously ate healthily may develop disordered eating as a result of an upsetting event or great stress and, unless this disordered eating is tackled, it may develop into an eating disorder. Many individuals also suffer greatly from disordered eating even if they do not have a full eating disorder. Disordered eating is therefore a warning sign that we want to take seriously and as a consequence, this policy deals with disordered eating rather than with eating disorders alone.

Prevention: How CATs work to prevent disordered eating from emerging

CATs agree to:

1. Encourage an atmosphere of supportive openness where it is recognised that dancers sometimes struggle with food and eating, but dancers can feel sure that they will get support if problems do occur, and where people know where to find help if they have any concerns. The nominated “key” person for your CAT is **[Viv Slayford]**. **[Viv Slayford]** has attended training in understanding eating disorders.
2. Provide students who want to eat more healthily with evidence-based information.
3. Promote healthy eating through the provision of adequate breaks for re-fuelling and hydration; encouraging students to take onboard enough fluids before, during and after dancing; and, where possible, try to ensure that healthy foods are available to buy. Where this is not possible, students will be encouraged to bring their own healthy lunches, or similar.
4. Hold or host educational talks with staff and dancers to raise awareness and give information about healthy eating and related issues such as disordered eating and the importance of regular menstruation for girls over 15 so as to maintain healthy bones. This may be delivered by an outside professional with experience in the area, or could be a more informal in-house arrangement where the basic points in this policy are shared and discussed.
5. Have this disordered eating policy in their student handbooks.
6. Ensure that all staff provide consistent messages about healthy eating, disordered eating, and related issues. This goes for both verbal and non-verbal messages, such as the selection of students of a particular body type for particular roles.

Identification: How CATs work to identify signs of disordered eating

Two avenues exist for the identification of disordered eating within the CATs:

- 1) **The CAT research project** screens dancers for disordered eating attitudes via standardised questionnaire¹, and dancers scoring above clinical cut-off are identified and referred to their CAT manager. The screening is valuable for research purposes (e.g. to identify if there is a particular profile of dancers who are most at risk), but also because dancers may value the anonymity of questionnaires allowing them to report disordered eating without having to do so face-to-face. However, it is important to recognise that questionnaires are imperfect, and it is known that people under-report their symptoms². Screenings are also conducted only twice yearly, and the nature of data processing means there is a significant delay between a dancer reporting symptoms in the questionnaire and the time at which the research team can identify individuals at risk and refer them.
- 2) **The CATs themselves** are therefore far more important in the identification of disordered eating. This includes teachers, managers, other support personnel (e.g. administration, wardrobe), students, and parents. It is valuable for everyone to have a basic level of awareness of disordered eating and for them to feel confident that the reporting of any suspected problems will be dealt with sensitively and professionally.

Confidentiality. Because disordered eating is sometimes related to perceived performance pressures in dance, teachers will not be involved “by default”. Instead, it is the job of the key individual, **[Viv Slayford]**, to receive reports of any worries, referrals from the researchers, and deal with the necessary one-to-one meetings with students and parents (where appropriate). It may be appropriate to also involve a health professional where one is attached to a CAT. But although we will respect confidentiality as far as possible, the matter will need to be shared between the student, their parents (if under 16), the key individual/**Viv Slayford** and relevant staff members (e.g. those teaching the dancer) on a need-to-know basis so that they may support the dancer appropriately. This most likely extends only to those tutors who teach the dancer directly. The dancer will always be told if, when, and why staff feel that they need to inform others, before actually doing so.

The identification of disordered eating and dancers at risk will occur via a “flag system”³. **One** or more red flags (more serious warning signs) and/or **two** or more yellow flags (slightly less serious warning signs) will identify students for positive action. These are:

¹ This is the Eating Attitudes Test (EAT-26) - Garner, D. M., Olmsted, M. P., Bohr, Y. & Garfinkel, P. E. [1982]. The eating attitudes test: psychometric features and clinical correlates. *Psychological Medicine*, 12(4), 871-878.

² E.g. Sundgot-Borgen, J. (1993). Prevalence of eating disorders in elite female athletes. *International Journal of Sports Nutrition*, 3, 29–40.

³ Adapted from the system used by the Music and Dance Scheme residential schools in light of recent research.

Red Flags

- 🚩 Student seeks help for themselves
 - 🚩 A friend, staff or family member has expressed major concern regarding weight change or eating behaviour
 - 🚩 Evidence of self induced vomiting, pharmacological abuse or compulsive over-eating
 - 🚩 Drastic or sudden weight change
 - 🚩 Missing three or more consecutive periods in post-menarchic girls (secondary amenorrhea), or not having reached menarche by age 15 (primary amenorrhea)
 - 🚩 Fine hair growth (lanugo)
 - 🚩 Diagnosed with stress fracture(s)
 - 🚩 Experiences major physical symptoms or problems related to disordered eating (e.g. fainting, collapsing)
 - 🚩 Excessive exercising inside and outside the CAT, or exercising under abnormal circumstances (e.g. when injured; in secret in their room)
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Yellow Flags

- 🚩 Two or more friends or staff members have expressed some concern regarding weight change or eating behaviour
 - 🚩 Experiences several minor physical symptoms or problems related to disordered eating (e.g. sleep problems, dizziness)
 - 🚩 Recurrent injury or illness
 - 🚩 Secretive or evasive around food (e.g. repeatedly saying they “have already eaten”)
 - 🚩 Sudden changes in eating behaviours and patterns (e.g. becoming vegetarian, vegan, more fussy about which foods s/he eats, new intolerances)
 - 🚩 Covers body and wears baggy clothing wherever possible. The dancer may say that they are always cold, and perhaps has discoloured or swollen hands and feet
 - 🚩 Visits the toilet each time they have eaten
 - 🚩 Lack of growth and/or sexual maturation
 - 🚩 Dry, pale, and/or discoloured hair and skin
 - 🚩 Poor teeth and raw knuckles (a result of self-induced vomiting)
 - 🚩 Gets angry or distressed when asked about eating problems
 - 🚩 Repeatedly displays failing concentration and fatigue in class
 - 🚩 Avoids social interactions and/or otherwise changed in personality
 - 🚩 Avoids screening and/or other physical tests and assessments
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These warning signs are especially pertinent for dancers who:

- Have low self-esteem
 - Are highly perfectionist (especially dancers who never feel that what they do is good enough) and are seemingly unable to stop and rest
 - Have a history of menstrual dysfunction
 - Have important changes going on in their lives (e.g. parental divorce, exam pressure, moving schools, puberty)
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Action: How CATs deal with problems when they arise

Importantly, the CATs are not responsible for diagnosing or treating disordered eating. Instead, positive action comprises:

- 1) **Initial conversation.** One-to-one meeting between [**Viv Slayford**] and the student as soon as possible after concerns have been raised or a referral obtained. This is an informal conversation to reassure the student that the CAT will help support the student in the best way possible.
- 2) **Second conversation.** If the student is under 16 years of age or has given their consent for parents or guardians (hereafter called parents, for simplicity) to be involved a second, separate conversation will be held with them, [**Viv Slayford**] and the student. We believe that parents to students under 16 years of age have a right to know if their child or teenager is facing these issues. However, we are aware that, legally speaking, persons under 16 who are considered mature enough to understand what an illness and treatment entail have a lawful right to consent to treatment on their own, without involving parents⁴. *Note: if students are judged to be at immediate risk, parents will be contacted whatever the students' age, although their agreement will still be sought.*
- 3) **Recommending Referral.** Whether a student has been referred from the research project and/or the flag system, onward referral to a qualified professional is imperative. The professional may depend on the nature of the situation. Going to one's GP to talk about disordered eating can be a daunting prospect. To support this process, it sometimes helps to bring a letter outlining the basic issues; [**Viv Slayford**] can provide such a letter.
- 4) **Information provision.** Information and advice will also be passed to the student so that they, and/or their parents, can seek further help themselves.
- 5) **Follow-up meetings.** Depending on progress, [**Viv Slayford**] may want to provide on-going support, for example by having the student meet with them and/or another staff member that the student feels happy to discuss with (e.g. personal tutor, health professional).

⁴ From the Eating Disorders Association. (2005). *What you need to know when creating your eating disorders policy.*

In case of refusal. Of course, we cannot force anyone to visit their GP or other professional, nor to undertake treatment where this is necessary. If a student refuses referral, [Viv Slayford] will inform the dancer that they need to send a letter to their GP. This letter will outline the demands of the CAT training as well as the concern at hand. The dancer may then be required to obtain a letter from their GP, confirming whether they are fit to continue taking part in dance and other physical activity.

In case of rapid weight changes. As a related note, if a student is demonstrating rapid weight loss or gain, they may be asked to obtain a letter from their GP or other suitable health professional that can verify whether physical activity should stop. Additionally, this approach may be useful if a dancer who has been under- or overweight, and therefore away from dancing for a time, needs to show the CAT manager that they are again fit for taking part.

When to stop a dancer from engaging in physical activity

It is difficult to establish at what point a dancer with disordered eating is putting themselves at risk by doing physical activity (including dance). This is made more difficult by the fact that such cut-offs are typically established on the basis of weight or BMI, which are not measured by all CATs nor the research project. But although this is a difficult task, it is important to have an open discussion about when dancing should cease or reduce, because at very low weights or as a result of drastic weight change, the dancer is at risk of a whole host of physical problems such as pain, cramp, dehydration, fainting, stress fractures, and even heart attacks if the body resorts to breaking down heart muscle for energy.

Teachers who feel that a dancer is too weak (physically or mentally) to partake in classes have a right to limit participation, but will clearly explain this in a meeting with the student and the CAT manager. Because it is not our role as non-professionals to diagnose or treat, the best way to monitor participation may be to establish good lines of communication with a health professional (e.g. the GP involved in the dancer's referral or staff from the clinic at which a dancer is undergoing treatment). This way appropriate, on-going advice may be obtained as to whether the student should be allowed to dance. A health professional could, for instance, be able to advise as to whether the dancer's weight or weight change is so rapid as to put the person at risk⁵.

⁵ Although not relevant in every case, it may be helpful to know that the Music and Dance residential schools state in their policy that they remove dancers from all vocational activities if they are equal to or below the 2nd centile for weight (with a BMI equal to or less than 17.5 if age 17 or over). Other dance schools, such as London Studio Center, take a similar approach. For an example of a BMI calculator see <http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx>. *This is applicable to all age groups, as it takes centile charts into account.*

Following a modified programme of dancing and other physical activity, much as in the management of an injury, is often best. Dancers should in most cases be encouraged to still attend class, although not necessarily be physically involved. This is potentially helpful for everyone involved:

- 1) For the student
 - a. To understand that we takes the issue seriously, while valuing them as people
 - a. To still gain some benefits from the classes: for instance, dancers will still be able to observe, practice via imagery based on the current exercises taught, and perhaps be involved in peer feedback.
 - b. Allows inclusion, such as seeing friends and emotional support

- 2) For the CAT staff
 - a. To “keep an eye” on the student (e.g. to prevent excessive exercising outside of dance)
 - b. To support their learning in whatever way is possible
 - c. To provide appropriate emotional support

- 3) For other students
 - a. Sends a strong message that we takes the issue seriously, while valuing the afflicted dancer as a person and not “punishing them” by excluding them from dancing completely
 - b. Allows them to provide emotional support in the form of friendship

Despite all these potentially positive reasons, attending class when not being able to take part physically can also be very stressful and may result in feelings of jealousy and anger. Therefore, the dancer will be told about the reasons as to why they are encouraged to attend, but will ultimately be given the choice (perhaps in consultation with their parents).

Auditions

The basic purpose of auditions is to admit dancers who not only appear talented/as having exceptional potential, but also for whom the training appears to be in their best interest at that time. This *best interest* is regarding enjoyment, performance and career goals but also health, safety and well-being. It is not the policy of the CATs to admit dancers into the scheme who appear to suffer from disordered eating or related problems. However, dancers being considered for the scheme who display overt signs of disordered eating at audition will be approached and a conversation held. If the dancer and her/his parents are aware of the issue, treatment is already being sought, and an agreement can be reached regarding, for instance, weight and health targets, the dancer may be admitted into the scheme. If any of these are not in place, admission may be denied (possibly with a recommendation to re-audition in the subsequent year).

Resources used in the development of this policy

- Various academic journal articles, as cited in the footnotes throughout.
- The eating disorder policies of the Music and Dance Scheme ballet boarding schools (2008) and of London Studio Center (2008).
- Welbourne, J. (2000). Points to Consider When Establishing Policies to Cope with Eating Disorders in Dance Schools and Companies. From the conference proceedings of Dance UK's Healthier Dancer Conference *Moving Matters*.
- Eating Disorders Association. (2005). *What you need to know when creating your eating disorders policy*.
- Piran, N. (2005). The role of dance teachers in the prevention of eating disorders. In Solomon, R., Solomon, J., & Minton, S. C. (Eds.), *Preventing dance injuries* (2nd Ed.). Champaign, IL: Human Kinetics.
- Information from b-EAT training session *Understanding Eating Disorders* with Nikki Schuster in May 2009 and Kathryn Weaver in September 2009.

Resources for information and advice around disordered eating

1) Helplines and websites

b-EAT, the eating disorders charity: www.b-eat.co.uk 0845 634 1414

This website has a wealth of information as well as a dedicated section for young people. In addition to the online information and two telephone helplines (one for young people, one for adults), there is a text message service, an email service, a youth forum, a help-finder (search feature where you can find out more about support in your area) and more.

Childline, the children's charity: www.childline.org.uk 0800 1111

2) Information sheets

B-EAT also publish a number of information sheets about eating disorders, including one about eating disorders among men and boys, eating disorders during puberty, and more. See www.b-eat.co.uk

3) Books

Your Body Your Risk (edited by Scilla Dyke and distributed by DanceUK). This is a small, spiral-bound book/booklet which uses accessible language to discuss nutrition, eating disorders, and related issues. The book may be bought from DanceUK for around £4.50, and they provide discounts for bulk orders.

Overcoming Anorexia Nervosa by Christopher Freeman. This easy-read book is based on solid research evidence around cognitive behavioural therapy and is useful both for general information and as a self-help guide. It is cheap and available in online bookshops such as Amazon.

Overcoming... – there are several other books in the same series as *Overcoming Anorexia Nervosa* that may be useful, including one about binge eating.