

Dakar Academy

Eating Disorder/Self-Injurious Behavior Policy and Procedure for Dorm Students

Introduction

It is the desire of Dakar Academy to provide for the physical, spiritual, and emotional needs of all students. That being said, all schools have limits as to what they can provide for each student. This is especially true in our dorm program where dorm parents have responsibility and over-sight for a large number of children at one time; more so than a normal family would usually have care for. Since 1997, when DA began providing counseling services, there have been a number of situations involving eating disorders (ED's) within the DA student body as well as several incidents of self-injurious behaviors (SIB's) (cutting, and suicidal ideation/attempts, etc.). During the early years of providing counseling services, our dorm population was small and many of the situations that required counseling came from our day student population.

Over the years, as our school and dorm population has grown, we have seen an increase in the number of situations that have required counseling. In the past, our basic approach to counseling needs in the dorms included parental involvement (often from afar), counselor involvement, dorm parent and dorm administrator involvement, and administrative oversight when it was determined to be of a serious nature; however, there was no clear protocol to follow. The process was demanding of time, resources, and energy, and, in hindsight, we often were left questioning whether the correct decision had been made or if we had really done all that we could for the situation.

Recognizing the toll taken by this approach and lack of clarity in reaching decisions, it seemed wise to establish a formal policy and procedure for dealing with these life-threatening issues. It was with this understanding that a policy was established in early 2009 to help guide decisions being made for students in our boarding program. After a year of putting the original policy into practice, it was noted that there were some changes needed in order to deal more effectively with the issues encountered. With input from a large number of experienced resource people working specifically with eating disorders, many with TCK's in boarding programs, the policy was updated and is outlined in the pages that follow.

Purpose

Eating disorders and self-injurious behaviors are both addictive and potentially life-threatening. Treatment is difficult and the prognosis is poor unless the student has insight and a desire to change. It is best treated when the problem is noticed and addressed early. Our purpose is the following:

- to proactively prevent these destructive behaviors from occurring at DA, including actively preventing 'dabbling' from reaching a serious level in which the behavior becomes addictive

- to facilitate the BEST possible care of those students struggling with eating disorders and self-injurious behavior

- to prevent the introduction of students into the boarding program who will negatively impact the healthy functioning of the boarding home environment

- to effectively address concerns with the student and his/her family in order to facilitate healing and health when a potential risk arises

Policy

We believe that our boarding school environment is not the place for the treatment of students struggling with eating disorders or serious self-injuring behaviors. These disorders require intensive treatment, sometimes inpatient, and we are not equipped to carry this out. We also believe that a crucial piece of the healing process is addressing the issue within the context of the student's family dynamics. In addition, these behaviors can have a

“contagious” nature especially in such a close community as our boarding homes where students often compare themselves to one another. Therefore, since the safety of our students (both the affected student and others with whom he/she has contact) is paramount, we have adopted the following policy for addressing eating disorders and self-injuring behaviors. The policy for each area is two-part in nature in order to address new applicants with established eating disorders or self-injurious behaviors, as well as students who may develop these problems while living in our boarding homes.

I. APPLICANTS WITH PREVIOUSLY ESTABLISHED EATING DISORDERS

- A. All boarding applicants are initially screened for eating disorder issues through the boarding application. In general, the boarding program will not accept students who are actively struggling with an eating disorder.
- B. Consideration **may** be given to a student who is recovering from an ED if the following requirements are met:
 - a. A thorough history of the ED is submitted to the school counselor (e.g. When was the ED recognized? When did treatment begin? What steps have been taken until now? Etc.)
 - b. Current height, weight and Body Mass Index (BMI) is submitted to the school counselor
 - i. The student’s BMI must be at or above the 15th percentile for consideration
 - ii. See CDC graph or Baylor College of Medicine calculator at <http://www.bcm.edu/cnrc/bodycomp/bmiz2.html>
 - c. A clear statement of the recovery progress from the student’s medical doctor, counselor, and dietician is submitted to the school counselor
 - d. A current treatment plan that is feasible in the Dakar Academy boarding environment is submitted to the school counselor
 - e. Direct communication between the student’s previous counselor and the Dakar Academy counselor
- C. The team making the final decision (including the school and dorm administrators, dorm parents, and the school counselor) will also take into consideration the following:
 - a. The impact on the dorm
 - i. Eating behaviors
 - ii. Morale of the dorm (the student’s impact on other boarders)
 - iii. Consumption of dorm parent’s time and energy
 - b. Time availability of the school counselor
- D. Students accepted under these circumstances will be monitored for any relapse during a probationary period established by the team.
 - a. Monitoring will be established by the team but may include weight checks, periodically meeting with the counselor, input from parents and dorm parents, etc.
 - b. Depending on the severity of the relapse, the student may be asked to return home
- E. Dorm parents of these students will have access to pertinent physical and psychological information as it relates to the student’s ED (e.g. counselor sharing advice, do’s/don’ts as they specifically relate to the student).

II. STUDENTS DEVELOPING EATING DISORDERS IN THE BOARDING PROGRAM

- A. Students who develop an ED while in the DA boarding program will be handled on a case-by-case basis.
- B. A team (including the school and dorm administrators, dorm parents and school counselor) will determine if Dakar Academy can provide the appropriate resources for the student’s recovery.
- C. The team’s decision will be based on the following
 - a. Nature and severity of symptoms
 - b. Personal recognition (insight) of the problem

- c. Motivation to make progress toward recovery
- d. Family commitment to the student's recovery
- e. Psychological assessment by school counselor
- f. Impact in the dorm
 - i. Eating behavior
 - ii. Morale of the dorm (the student's impact on other boarders)
 - iii. Consumption of the dorm parent's time and energy
- g. Available resources for effective treatment
 - i. Contact with a dietician
 - ii. Time availability of the school counselor
- h. General Health
 - i. BMI (at or above 15th percentile)
 - ii. For females - normal menstrual cycle
 - iii. General Physical
 - 1. Blood count
 - 2. liver enzymes
 - 3. blood protein
 - 4. albumin levels
 - 5. serum electrolytes
 - 6. glucose level
 - 7. routine stool and urine test
 - 8. EKG

III. APPLICANTS WITH PREVIOUSLY ESTABLISHED SELF-INJURIOUS BEHAVIOR

- A. All boarding applicants are initially screened for self-injurious issues through the boarding application. In general, the boarding program will not accept students who are actively struggling with this type of behavior. For the purpose of this document, 'self-injurious behavior' includes suicidal ideation and cutting.
- B. Consideration **may** be given to a student who is recovering from a SIB if the following requirements are met:
 - a. A thorough history of the SIB is submitted to the school counselor (e.g. When was the SIB recognized? When did treatment begin? What steps have been taken until now? Etc.)
 - b. A clear statement of the recovery progress from the student's medical doctor and counselor is submitted to the school counselor
 - c. A current treatment plan that is feasible in the Dakar Academy boarding environment is submitted to the school counselor
 - d. Direct communication between the student's previous counselor and the Dakar Academy counselor
- C. The team making the final decision (including the school and dorm administrators, dorm parents, and the school counselor) will also take into consideration the following:
 - a. The impact on the dorm
 - i. Morale of the dorm (the student's impact on other boarders)
 - ii. Consumption of dorm parents' time and energy
 - b. Time availability of the school counselor
- D. Students accepted under these circumstances will be monitored for any relapse during a probationary period established by the team.
 - a. Monitoring will be established by the team but may include periodically meeting with the counselor, input from parents and dorm parents, etc.
 - b. Depending on the severity of the relapse, the student may be asked to return home

- E. Dorm parents of these students will have access to pertinent psychological information as it relates to the student's SIB (e.g. counselor sharing advice, do's/don'ts as they specifically relate to the student).

IV. STUDENTS DEVELOPING SELF-INJURIOUS BEHAVIORS WHILE IN THE BOARDING PROGRAM

- A. Students who develop a SIB while in the DA boarding program will be handled on a case-by-case basis.
- B. A team (including the school and dorm administrators, dorm parents and school counselor) will determine if Dakar Academy can provide the appropriate resources for the student's recovery.
- C. The team's decision will be based on the following
 - a. Nature and severity of symptoms
 - b. Personal recognition (insight) of the problem
 - c. Motivation to make progress toward recovery
 - d. Family commitment to the student's recovery
 - e. Psychological assessment by school counselor
 - f. Medical health & extent of injuries
 - g. Impact in the dorm
 - i. Morale of the dorm (the student's impact on other boarders)
 - ii. Consumption of the dorm parent's time and energy
 - h. Available resources for effective treatment
 - i. Time availability of the school counselor
 - i. Established plan for recovery

Procedure

PROCEDURE FOR STUDENTS WITH AN EATING DISORDER

I. PROACTIVE - EDUCATION AND BASELINE ASSESSMENT

- A. Staff Education
 - a. In-service (information, warning signs, procedures)
- B. Student Education
 - a. Health Class
 - b. Chapel
 - c. Dorm Devotions
- C. Dorm Student Assessment
 - a. Review of dorm applications to pre-screen for ED issues
 - b. Measure and record each boarder's height and weight at the beginning of each semester and submit to the school counselor for review
 - c. Counselor uses BMI as a baseline for initial concern

II. IDENTIFICATION

- A. Any dorm parent concern regarding eating issues (including restrictive eating, anorexia, or bulimia) is to be reported to the school counselor and dorm administrators as soon as identified.
- B. If a report is made by someone other than the student's dorm parents, and the counselor deems it an appropriate concern, the school counselor will contact the dorm parents and notify them of the concern.
- C. The student's parents will be contacted and notified of the counselor's concern and that their child will be further assessed by the counselor. The student will be made aware of the counselor's contact with his/her parents.
- D. The student's height and weight will be taken by the dorm parents and submitted to the counselor. The counselor will find the student's BMI as a starting point for determining the

severity of the problem, comparing it with the BMI taken at the beginning of the semester. The student will be considered to be in crisis if the student's BMI is at or below the 15th percentile (see CDC graph or Baylor College of Medicine calculator at <http://www.bcm.edu/cnrc/bodycomp/bmiz2.html>), or if there has been a significant drop since the beginning of the semester.

- E. The counselor will do a psychological assessment of the student.
- F. Following the initial assessment, the counselor will mobilize a team (school and dorm administrator, dorm parents and him/herself).
- G. The parent(s) of the student will be asked to come to DA for an open-ended period of time to meet with the team and contribute to the decision-making process.

III. DECISION

- A. A team decision will be made according to the stated policy as to whether or not the student can remain in the boarding program. The team leader will then communicate the decision to all involved.
- B. The decision may be for the student to continue in the dorm.
 - a. Appropriate monitoring may be necessary
 - b. A probationary period may be necessary
 - c. The criteria for staying must be both comprehensive and measurable to facilitate addressing the root of the problem
- C. The decision may be for the student to leave the dorm.
 - a. It may be for an extended period of time with clearly defined conditions for re-admittance
 - b. It may be determined that the student may continue to go to school at DA as a day student
 - c. In severe cases, the decision may be made for the student to leave DA all-together
- D. Decisions regarding financial responsibilities on the parents' part will be determined.

V. FOLLOW-UP AND MONITORING

- A. The counselor will work with the student to establish a treatment plan.
 - a. The student will attend counseling appointments (frequency determined by counselor)
 - b. The student will be subject to weekly weigh-ins (by whom and when determined by counselor)
 - c. A behavior modification plan will be designed by the counselor to help increase the student's weight
 - d. Parents and student will sign-off on an agreed upon treatment plan
 - i. Consequences will be clearly laid out if the student's behavior adversely affects the treatment plan (lack of cooperation, etc.)
- B. Treatment will continue until the counselor (in consultation with the rest of the team) is satisfied that the issue has resolved itself to the extent that counseling is no longer needed.
- C. The counselor may add other professionals to the team as needed.
 - a. This could include a medical doctor, dietician, etc.
 - b. Open communication among members on the team is necessary (observations, concerns, etc. within the confines of counselor/patient confidentiality)
- D. The team will meet regularly to assess the student's progress toward healing. This requires input from all who may be involved (dietician, parents, dorm parents, etc.). If it is determined that the student is not making progress, then the decision to remove the student will again be revisited.

PROCEDURE FOR STUDENTS WHO ARE SELF-INJURING

I. PROACTIVE - EDUCATION AND BASELINE ASSESSMENT

- A. Staff Education
 - a. In-service (information, warning signs, procedures)
- B. Student Education

- a. Health class
- b. Chapel
- c. Dorm devotions
- C. Dorm Student Assessment
 - a. Review of dorm applications to pre-screen for SIB issues

II. IDENTIFICATION

- A. Any dorm parent concern regarding self injurious behavioral issues is to be reported to the school counselor and dorm administrators as soon as identified.
 - a. For students who express thoughts of suicide or suicidal tendencies - unless the situation is critical (e.g. medical emergency) - the dorm parent(s) may fact-find in order to determine the relative severity of the situation
 - i. Determine if the student had a plan with which to carry out their suicide
 - ii. Determine when the student last had thoughts of suicide
 - iii. Determine how frequently the student has had thoughts of suicide
 - b. In the event of the discovery of a student who appears to be extremely high risk for suicide, it may be necessary to contact the counselor and boarding administrators, regardless of time of day, in order to establish a plan of safety until further decisions can be made (24 hour watch, etc.)
- B. If a report is made by someone other than the student's dorm parents, and the counselor deems it an appropriate concern, the school counselor will contact the dorm parents and notify them of the concern.
- C. The student's parents will be contacted and notified of the counselor's concern and that their child will be further assessed by the counselor. The student will be made aware of the counselor's contact with his/her parents.
- D. An assessment of the student's physical injuries will be done through available medical resources and appropriate medical care given.
- E. The counselor will do a psychological assessment of the student including suicide risk, reasons for self-harm, and whether there is a compulsive element to the self-harm.
- F. Following the initial assessment, the counselor will mobilize a team (school and dorm administrator, dorm parents and him/herself).
- G. The parent(s) of the student will be asked to come to DA for an open-ended period of time to meet with the team and contribute to the decision-making process.

III. DECISION

- A. A team decision will be made according to the stated policy as to whether or not the student can remain in the boarding program. The team leader will then communicate the decision to all involved.
- B. The decision may be for the student to continue in the dorm.
 - a. Appropriate monitoring may be necessary
 - b. A probationary period may be necessary
 - c. The criteria for staying must be both comprehensive and measurable to facilitate addressing the root of the problem
- C. The decision may be for the student to leave the dorm.
 - a. It may be for an extended period of time with clearly defined conditions for re-admittance
 - b. It may be determined that the student may continue to go to school at DA as a day student
 - c. In severe cases, the decision may be made for the student to leave DA all-together
- D. Decisions regarding financial responsibility on the parents' part will be determined

V. FOLLOW-UP AND MONITORING

- A. The counselor will work with the student to establish a treatment plan.

- a. The student will attend counseling appointments (frequency determined by counselor)
 - b. A behavior modification plan will be designed by the counselor
 - c. Parents and student will sign-off on an agreed upon treatment plan
 - i. Consequences will be clearly laid out if the student's behavior adversely affects the treatment plan (lack of cooperation, etc.)
- B. Treatment will continue until the counselor (in consultation with the rest of the team) is satisfied that the issue has resolved itself to the extent that counseling is no longer needed.
- C. The counselor may add other professionals to the team as needed.
- a. This could include a medical doctor, etc.
 - b. Open communication among members on the team is necessary (observations, concerns, etc. within the confines of counselor/patient confidentiality)
- D. The team will meet regularly to assess the student's progress toward healing. This requires input from all who may be involved (parents, dorm parents, etc.). If it is determined that the student is not making progress, then the decision to remove the student will again be revisited.