

## Sport Staff and Disordered Eating: Special Issues

Ron A. Thompson, PhD, FAED

Private Practice, Bloomington, Indiana USA

Website: [www.bloomington-eating-disorders.com](http://www.bloomington-eating-disorders.com)

Email: [rthomps2@sbcglobal.net](mailto:rthomps2@sbcglobal.net)



## Agenda/Outline

- ✦ Coach
  - Beliefs about weight/body fat and performance
  - Beliefs about training and performance
  - Beliefs about ED/DE
  - Concerns about Treatment
  - What Coaches can do
- ✦ Athletic Trainer
- ✦ Dietitian
- ✦ Sport Psychologist
- ✦ Approaching the Athlete

## Involving Coaches in the Management of Eating Disorders/Disordered Eating

- ✦ Coaches do not usually cause eating disorders.
- ✦ Coaches will be involved whether we want them to be or not.
- ✦ Coaches have significant power and influence with their athletes.
- ✦ Coaches' power and influence with their athletes can either be used to **promote** or **prevent** eating disorders.
- ✦ Coaches can assist in identification because they are in a good position to identify a problem.
- ✦ Coaches can facilitate treatment with their encouragement and support.
- ✦ Prevention programs cannot succeed without their support.



## Maximizing the Positive Effects of Coach Involvement

- ✦ Coaches have significant power and influence with their athletes. To best utilize the power and influence of coaches, we need to understand what they think or believe about the following issues:
  - The relationship between low weight or leanness and sport performance;
  - the relationship between training volume and sport performance;
  - eating disorders and their effects on health and performance; and
  - therapists and the treatment of eating disorders.

## Most Coaches' Beliefs Regarding the Relationship Between Body Weight/Body Fat and Performance

- ✦ There is more emphasis on weight in weight class (weight categories) and appearance/aesthetic sports.
- ✦ In sports that are not weight dependent or aesthetic, many coaches tend to focus more on body composition (body fat) than on weight per se.
- ✦ Regardless of sport, **most coaches (and athletes) believe that the "leaner" athlete will perform better** (despite the fact that research in the area is equivocal).



## Coaches' Beliefs Regarding Training Loads and Performance

- ✦ Most coaches view **training** as the single most important factor in improving athletic performance (Bompa, 1983).
- ✦ Most endorse the ACSM (1998) position stand on exercise which reported that the interaction of frequency, intensity, and duration of exercise is effective for producing a training effect, and their interaction provides the **overload stimulus. The greater the stimulus, the greater the training effect.**
- ✦ Most agree with the "Overload Principle" (Raglin & Wilson, 2000): **Success in endurance sports depends primarily on progressive increases in training loads above what is necessary for maintaining physical fitness.**
- ✦ Most believe that  $VO_{2max}$  is probably the single most important factor in success in aerobic endurance sports, and high intensity endurance training produces a greater increase in  $VO_{2max}$  than moderate intensity training (Helgerud et al., 2007).



### What Coaches Think about Eating Disorders/Disordered Eating

- ✦ Based on our survey\* of more than 2900 NCAA coaches of women athletes, most collegiate coaches in the U.S.:
  - Are aware of most symptoms of disordered eating/eating disorders;
  - are aware of the seriousness of these symptoms, and that they have a negative effect on health and performance; and
  - do **not** want their athletes to **under** eat.

\*Sherman, DeHaas, Thompson, Wilfert (2005)

### Coaches' Concerns about Eating Disorder Therapists and Treatment

- ✦ Therapist will not value or appreciate the importance of sport in the life of the athlete.
- ✦ Therapist will remove the athlete from her sport.
- ✦ Treatment will take too much time away from sport.
- ✦ Athlete will become less competitive.
- ✦ Athlete will gain too much weight.
- ✦ Coach will not be informed about what is going on in treatment.
  - While we view confidentiality as the cornerstone of therapy, a coach is more apt to view it as a "stumbling block."

### Eating Disorders/Disordered Eating: What Coaches Can Do

- ✦ Recognize the power and influence they have with their athletes and that this power and influence can be helpful or harmful
- ✦ Become better informed regarding how their comments, behaviors, and coaching climate can affect the risk of DE
- ✦ Become better informed about eating, nutrition, weight, the risks of dieting, the Female Athlete Triad, and how these affect health and sport performance
- ✦ Use their power and influence to emphasize health and nutrition rather than weight with their athletes (e.g., use, and strongly recommend that their athletes use, safe and well documented sources of information regarding nutrition, health, and performance)
- ✦ Use their power and influence to encourage and support appropriate and effective treatment

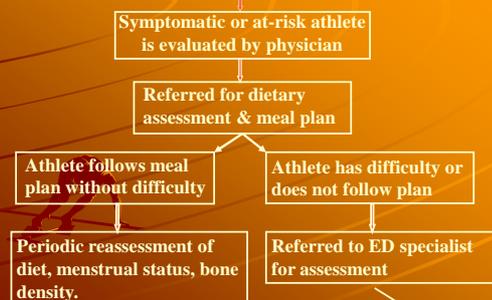
### Involving Athletic Trainers in the Management Athletes with Eating Disorders/Disordered Eating

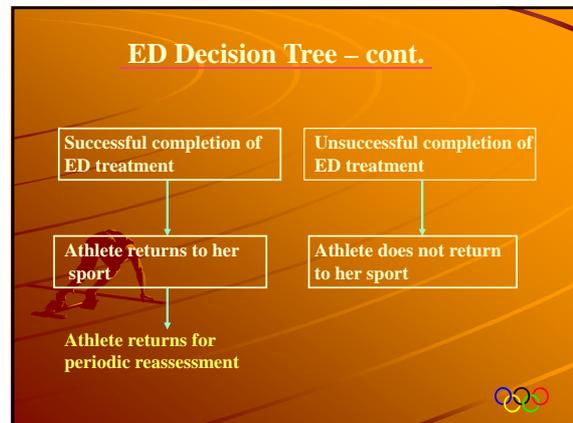
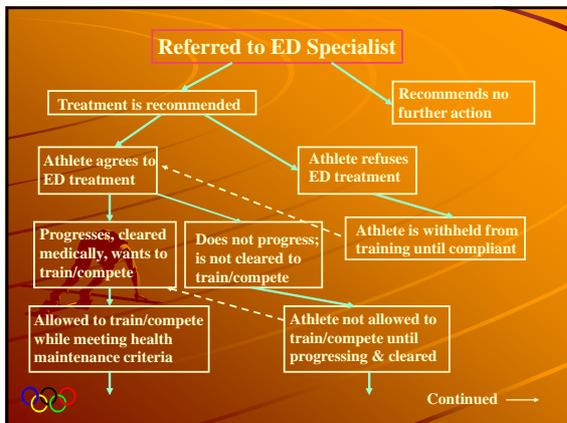
- ✦ Athletic Trainers have numerous opportunities to identify, observe, monitor, and assist athletes.
- ✦ Athletic Trainers are focused on athletes' health rather than their performance.
- ✦ Athletic Trainers are often the person athletes feel most comfortable talking with about their eating/weight difficulties.
- ✦ Athletic Trainers can be a liaison between the athlete and the coach.
- ✦ Athletic Trainers can be a liaison between the athlete and the treatment team.

### Dietitian and the Athlete with an Eating Disorder/Disordered Eating

- ✦ Dietitian
  - has perhaps the most difficult role in treatment
  - plays a critical role in assessment but especially for the resistant patient
  - plays a critical role in treatment
  - plays a critical role in athlete's continuation in sport and/or her return to sport
  - plays a critical role in prevention
- ✦ Coaches and Athletes want a "sport" dietitian.

### Disordered Eating Decision Tree





**Possible Roles of Sport Psychologists in Managing ED/DE in Athletes**

- ✦ The sport psychologist may be the best person in the sport environment to approach the symptomatic athlete, as well as to make an appropriate referral.
- ✦ The more sport staff members are involved in the management of a symptomatic athlete, the greater the need for someone to coordinate those efforts. The sport psychologist could serve such a role as a liaison between sport personnel and the treatment team.
- ✦ The sport psychologist would also be in a good position to serve as a liaison between the athlete and treatment team.
- ✦ The sport psychologist could work with coaches to enhance their "performance" regarding the identification, management, and prevention of disordered eating.

**Sport Psychologists: Enhancing the "Performance" of Coaches in Managing Disordered Eating/Eating Disorders**

- ✦ Increasing coaches' DE/ED identification skills
- ✦ Decreasing coaches' inappropriate comments and weight-related pressures
- ✦ Increasing the coaches' ability to enhance an athlete's performance without a focus on decreasing weight/body fat
- ✦ Increasing coaches' awareness of the potential negative performance effects resulting from inadequate nutrition
- ✦ Increasing coaches' awareness of the potential negative performance effects resulting from body image concerns, which may be exacerbated by revealing sport clothing
- ✦ Educating coaches regarding the risk of disordered eating associated with an ego-oriented, performance motivational climate
- ✦ Educating coaches regarding fostering a "safer" task-oriented, mastery motivational climate

**Approaching a Symptomatic Athlete: Being Firm but Gentle**

- ✦ **Who** approaches the athlete is less important than **how** she is approached: **Be Firm but Gentle**
  - Approach the athlete **privately**
  - Arrange to have ample **time without distractions**
  - Approach her with **caring and concern**, avoiding criticism or judgment
  - Indicate that individuals associated with her sport are concerned about **her** and her **health**
  - Indicate the need for an **evaluation** by a health care professional
  - If possible, make the referral to a specific person
  - Be prepared to **listen** as well as to talk
  - Be prepared for her to **deny** or minimize her difficulties

