

Disordered Eating in Adolescence

Not Just a Teenage Phase



THE
Emily
PROGRAM





Objectives

Viewers Will...

- Learn about the presence of disordered eating and clinical eating disorders in adolescents.
- Understand the different presentations of disordered eating and clinical eating disorders.
- Better understand the variables that contribute to the development and maintenance of disordered eating in adolescents.
- Become acquainted with indicators a youth may be struggling in their relationship with food or body.
- Acquire strategies for talking with adolescents about concerns.
- Develop awareness about supports available for adolescents and caregivers impacted by disordered eating or clinical eating disorders



Why Talk About Eating Disorders

24 MILLION

people suffer from an eating disorder in the U.S.



1 in 10 people with an eating disorder are male.



1 in 10 people with an eating disorder receive treatment.



35% of people who receive treatment, get treated at a specialized facility for eating disorders.



20% of people suffering from anorexia die prematurely from complications related to their eating disorder, including suicide and heart problems.

Source: The National Association for Anorexia Nervosa and Associated Disorders

Teachers, Administrators, School Counselors, Nurses, Coaches, Caregivers, and Youth (along with all humans) WILL encounter, or be impacted by, clinical and sub-clinical eating disorders.



Why Talk about Eating Disorders?

MORE THAN
30 MILLION PEOPLE
in the U.S. will struggle with an eating disorder



One person dies roughly
EVERY HOUR
from eating disorder complications



Eating disorders are **complex** illnesses, influenced by a combination of **GENETIC, PSYCHOLOGICAL, SOCIOCULTURAL,** and **PHYSIOLOGICAL** factors



LGBTQ individuals are more likely to struggle with an eating disorder

Eating Disorders:
Know the facts



Eating disorders are the **3rd most common** chronic illness in teens

70%

More than 70% of people don't get treatment because of **stigma, access barriers,** and **misinformation**



Recovery is Possible

the sooner someone seeks help, the better the outcome

Eating disorders **DON'T** only affect women... at least

10 MILLION MEN
will struggle in their lifetime



Eating disorders **don't look a certain way.** Sufferers may be overweight, underweight or an "average" size

There is **HOPE.** The Emily Program provides comprehensive, evidence-based care for eating disorders. Call us today: **1-888-EMILY-77** or visit www.emilyprogram.com for more information.



The Emily Program
The eating disorder specialists

Why Talk about Eating Disorders?



- Eating Disorders affect people of all genders, ages, races, ethnicities, socio-economic statuses, religions, sexual orientations and body shapes/sizes.
- Many people who have an eating disorder do not pursue treatment on their own.
- Up to 22% of children and adolescents have a pattern of disordered eating that could signal or lead to an eating disorder.
- Eating disorders have the second highest mortality rate of any mental health diagnosis.

In one study, approximately 50% of adolescents who met full criteria for one of the eating disorders never talked about their concerns, despite having contact with a health care provider.



Eating Disorder Presentations

Anorexia Nervosa (AN)

- Inability to consume adequate nutrition, leading to low body weight/failure to maintain growth
- Intense fear of food and weight gain
- Disturbance in body perception
- May include binge eating and purging

Bulimia Nervosa (BN)

- Binge eating, followed by purging (vomiting, laxatives, diuretics) or a non-purging compensatory behavior
- Self-evaluation is unduly influenced by body weight and shape
- Often “normal” weight

Binge Eating Disorder (BED)

- Binge eating accompanied by marked distress
- Absence of ‘compensatory’ behaviors
- Can be any weight; weight gain often occurs as eating disorder progresses

Avoidant/Restrictive Food Intake Disorder (ARFID)

- Failure to meet nutritional/energy needs due to eating or feeding disturbance
- Associated with weight loss, nutritional deficiency, or failure to meet growth trajectories

Other Specified Feeding or Eating Disorder (OSFED)

- Purging Disorder
- Atypical AN/BN
- BN/BED of Low duration/Frequency

Unspecified Feeding or Eating Disorder (UFED)

- Symptoms of feeding and eating disorder are present but do not meet full criteria for diagnosis
- Insufficient information for diagnosis



Eating Disorder Presentations

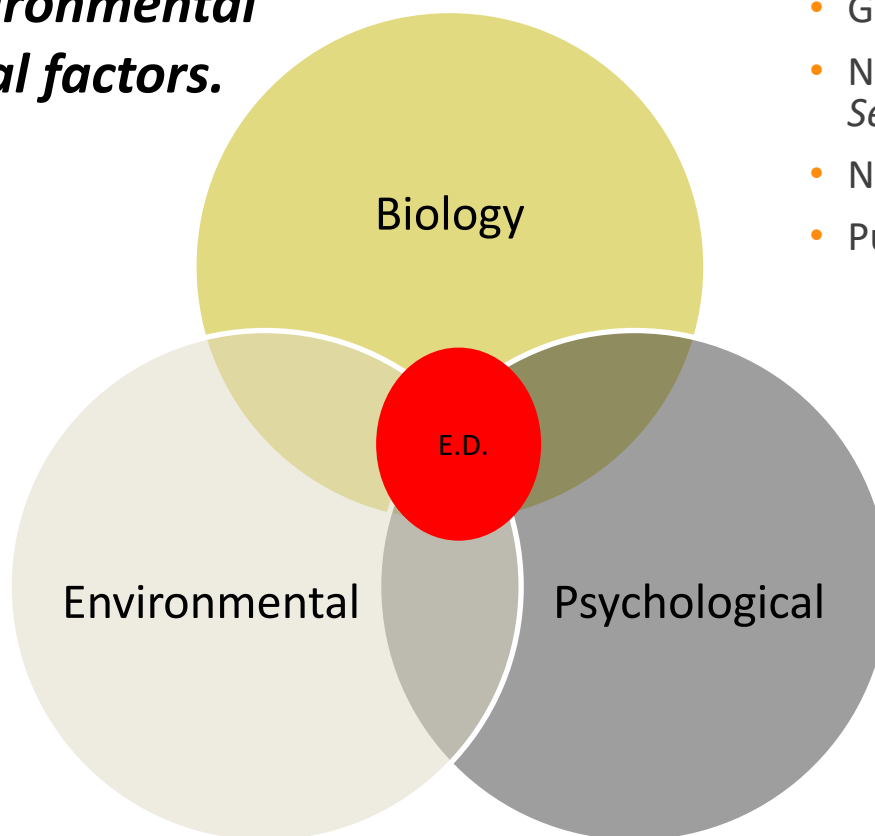
Regardless of Diagnostic Criteria:

- Is there is a PATTERN of food/body/movement-related behaviors?
 - Do behaviors repeat regularly?
 - What happens if behaviors are interrupted?
 - Do behaviors get priority over other things?
- Is there PREOCCUPATION?
 - What % of day is food/weight/movement being thought about?
- Is there IMPAIRMENT?
 - To what degree are PATTERN and PREOCCUPATION getting in the way of participation in life?



What Contributes / Maintains?

Eating Disorders are complex, biologically based illnesses influenced by environmental and psychological factors.



POTENTIAL BIOLOGICAL INFLUENCES

- Dieting/Food exposure
- Genetics
- Neurochemistry: *Serotonin, Dopamine*
- Neurobiology
- Puberty/Menopause

POTENTIAL ENVIRONMENTAL INFLUENCES

- Weight/Appearance Pressures
- Media messages
- Weight Comments
- Bullying

POTENTIAL PSYCHOLOGICAL INFLUENCES

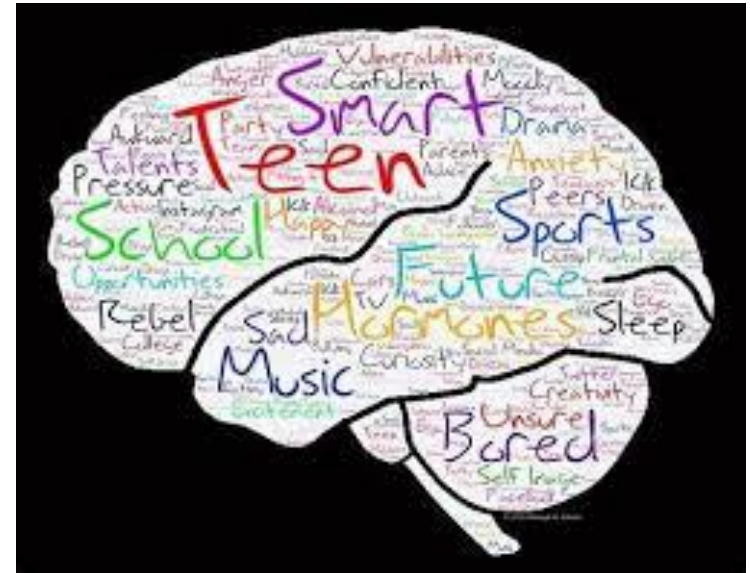
- Stressors/coping
- Transitions
- Identity/Self-Image
- Trauma
- Anxiety, Depression
- Substance Use



What Contributes / Maintains?

Specific to Adolescents:

- Brain Development Occurring Rapidly
 - Emotional brain developing at a faster rate, resulting in emotional experience being more pronounced
- Physical Changes
 - Growth
 - Increased need for fuel
 - Body shapes/sizes developing at different rates





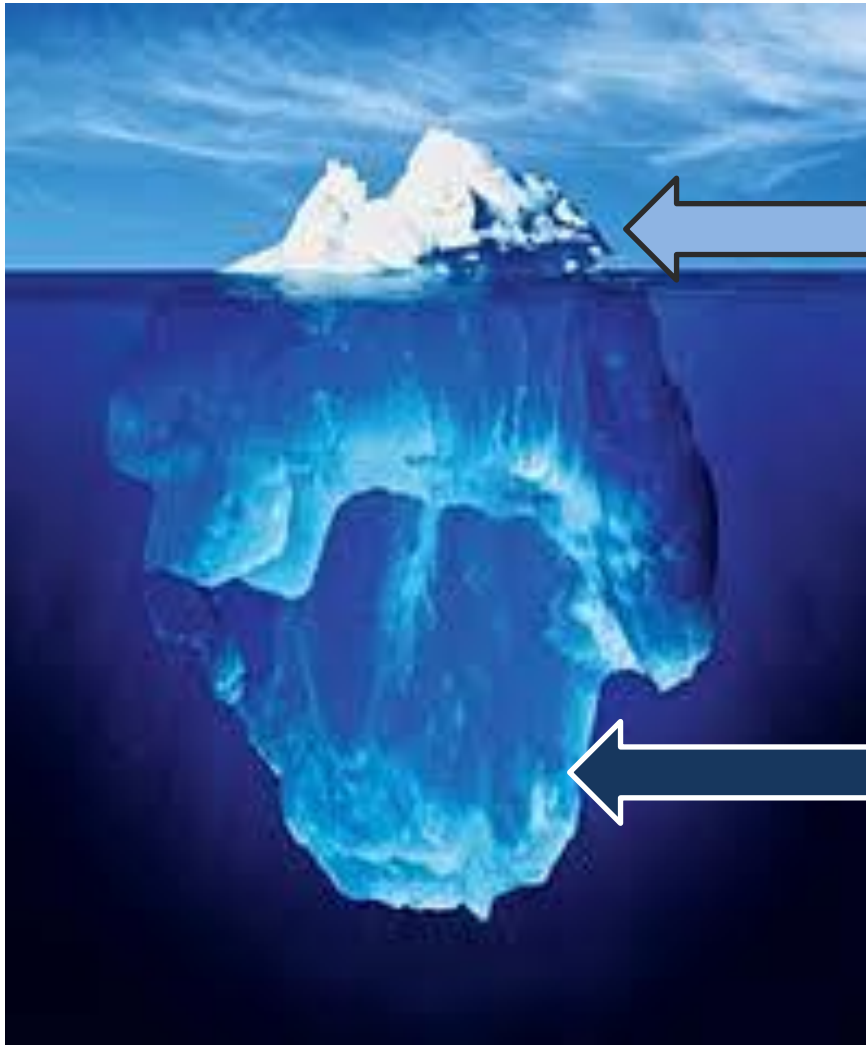
What Contributes / Maintains?

Disordered Eating and Clinical Eating Disorders, for the Person Struggling, Are Viewed as a Conscious or Subconscious “Solutions”

- Eating Disorders Serve a Function
- “The problem isn’t the problem. Coping is the problem.”
(V. Satir)
- Among other things, disordered eating may:
Communicate, Provide a Sense of Control/Mastery,
Numb, Distract from Internal (or External) Experiences,
Increase Sense of Safety, Maintain Alignment with
Identity



What Contributes / Maintains?



Physical Signs/Behaviors
(what we see)

What We Don't See:
Mental Preoccupation and Psychological Concerns (i.e. low self-esteem, perfectionism, shame, trauma, difficulty managing emotions, difficulty with communication, distress, anxiety, learned helplessness)



Possible Indicators...

Behavioral & Emotional:

- Over-focus on food, body, weight, size or shape
- Excessive “diet talk”
- Changes in eating patterns or appetite
- Mood/Social changes in combination with the above (i.e. increased depression, anxiety, lability)
- Changes in cognitive processing capacity/memory
- Noteworthy changes in weight*
- Layering of clothing
- Increased/Compulsive exercise or movement
- Limited variety of intake/Increased selectivity

* Because of bio-individuality, not all bodies decrease in weight despite restriction or malnourishment



Possible Indicators...

Academic/In-School Changes:

- Inflexible thinking, difficulty switching quickly from topic to topic, heightened need for routine & predictability
- Increased perfectionism or sensitivity
- Avoiding lunch or socialized eating
- Frequent trips to bathroom, particularly after eating experiences and/or to engage in “checking behaviors”
- Decreased attention span
- General lethargy or flat affect
- Increase in “anxious energy”



Possible Indicators...

What Caregiver(s) Might Observe:

- Isolation; Decreased social activity
- Skipping meals; Making excuses to not eat
- Going to the bathroom immediately after meals
- Dieting or increased focus on food, size, weight, shape, and body
- Categorizing foods or eliminating food groups
- Fatigue, mood swings, irritability
- Dizziness, chest pain, cold intolerance, hair loss, bruising, absence of menses
- Personality changes



Strategies for Approaching

If you suspect somebody may be struggling with disordered eating behaviors, ask questions compassionately and with a curious tone.

School counselors/nurses, consider using screening tools (i.e. EAT-26, CHEDS) or taking the time to develop more understanding of the context.





Strategies for Approaching

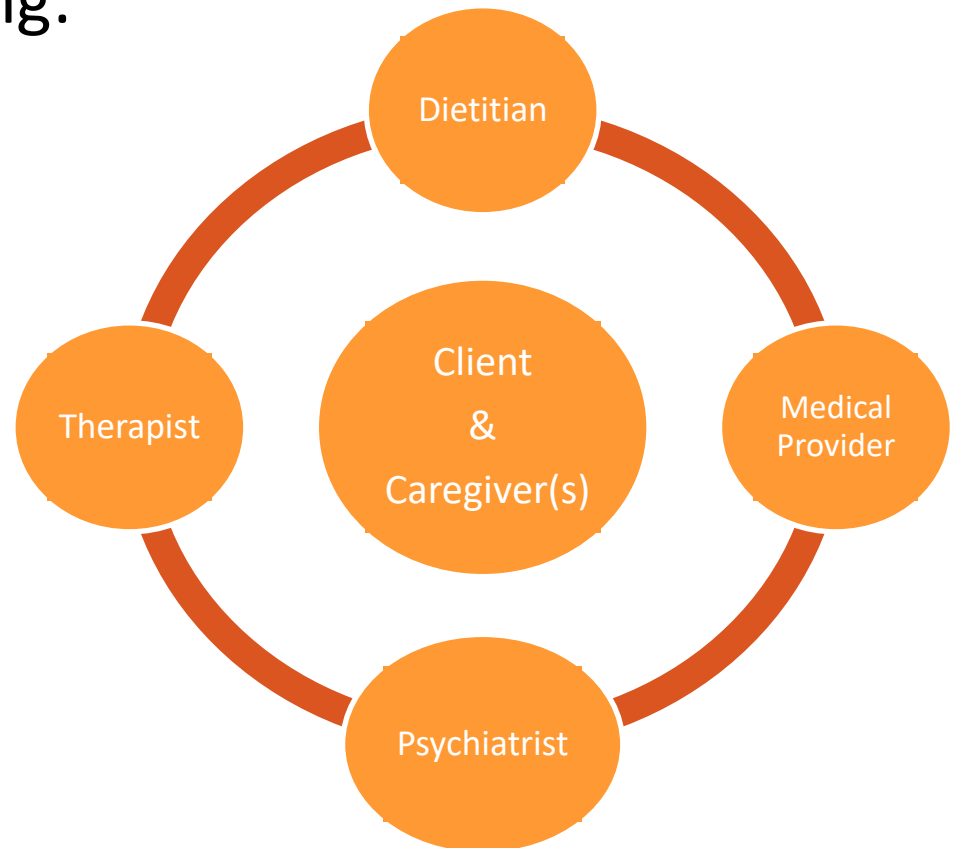
- Describe nonjudgmentally, and factually, what is being observed
- Exhibit concern and curiosity
- Listen with compassion and an interest in understanding
- Test the waters by encouraging action opposite the behaviors observed (“what would it be like...”
- Notice presence of heightened emotions, rigidity or withdrawal/shut-down
- Offer support
- Ask what would be helpful or what is experienced as supportive
- Gauge willingness to participate in an assessment to learn more...



Supports Available

When Disordered Eating or Clinical Eating Disorders are Present, a Multidisciplinary, Specialized Treatment Team is Recommended, Including:

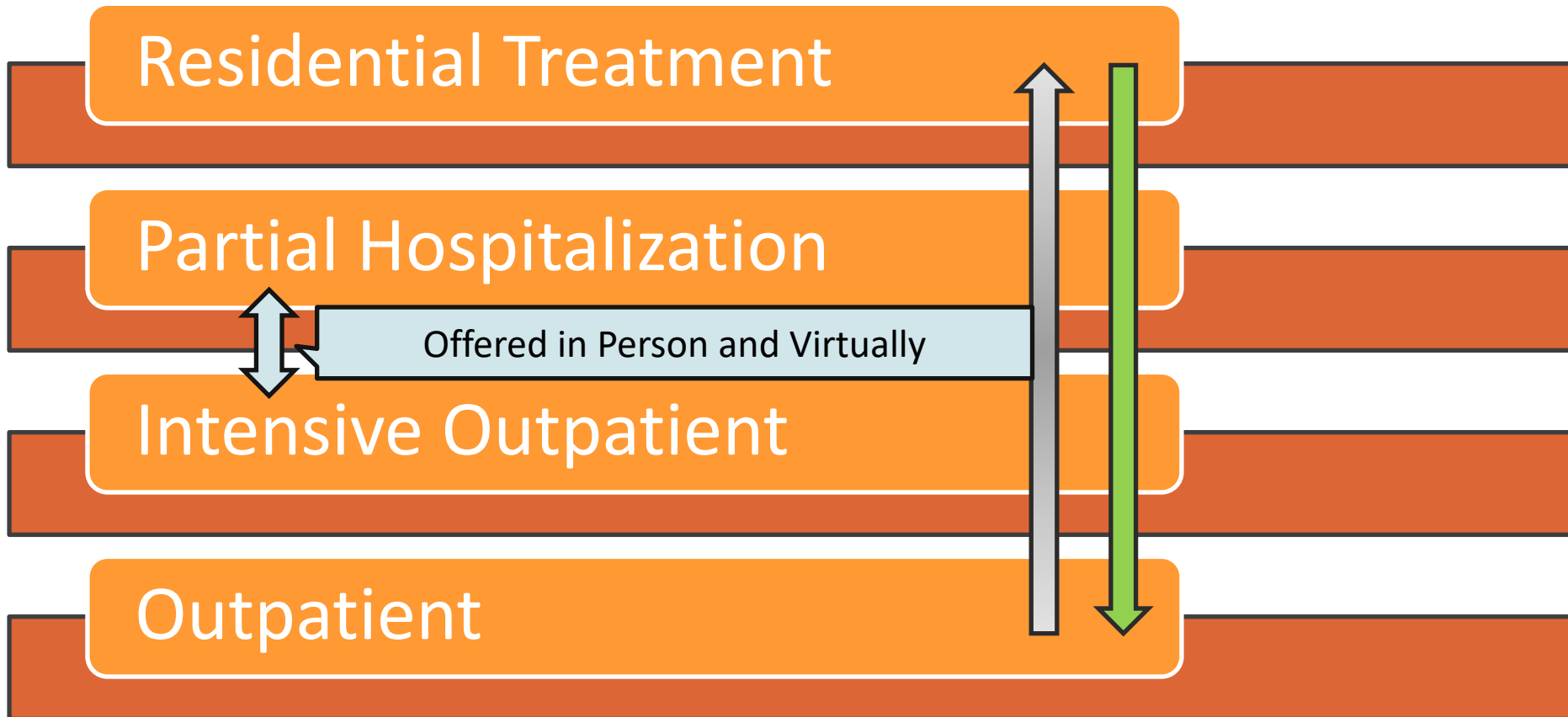
- Dietitian
- Medical Provider
- Therapist
- Psychiatrist



Supports Available (at Emily Program)





Levels of Care





Support Available

Levels of Care for Treatment of Eating Disorders

 Decreasing Acuity	1	Inpatient: For patients in significant physical danger and/or who are medically unstable; these patients cannot be treated safely without the availability of immediate medical intervention. Need is limited when lower levels of care are present. The Emily Program partners with local medical and psychiatric providers to provide this stabilization.	
	2	Residential: 24-hour care/supervision for medically stable patients who are engaging in ED behaviors (i.e. self-induced vomiting, restrictive eating, or compulsive exercise); Daily self-reflection activities along with individual and group therapy are provided. TEP Residential Facilities for Adults in MN, OH, & Wa; TEP Residential Facilities for Adolescents in MN. Typically needed by approximately 10-15% of treated individuals. Length of stay approximately 28-33 days.	
	3	Partial Hospitalization (PHP): Comprehensive care; 5-7 days per week for 6-7 hours per day; includes two structured/supported meals and one snack. <i>Partial plus lodging</i> includes non-supervised, convenient, and safe overnight accommodations for patients coming from a distance. Offered for adults in MN, Seattle & Spokane, WA. Typically needed by approximately 15-20% of treated individuals. Length of stay approximately 28-35 days.	
	4	Intensive Outpatient (IOP): Less comprehensive care; 4 times a week for 3 hours per day; Patients can continue working or attending school while in treatment. Offered at majority of TEP Locations in MN, OH, WA. Typically needed by approximately 25-30% of treated individuals. Length of stay approximately 21-35 days.	
	5	Outpatient: Critical for step down from more intensive treatment in order to prevent relapse. Offered for all ages at all TEP locations. Needed for all individuals coming out of higher levels of care as well as those for whom an outpatient intervention is sufficient. Length of stay approximately 6-18 months.	



Support Available (Emily Program)

Providers, Family Members, or Clients Can Start the Process

- ED Quiz Available at:
 - <https://emilyprogram.com/your-recovery/take-the-quiz/>
- Call 1.888.Emily77 or 1.888.364.5977
- Providers / Family Members, Fill Out a Form:
 - <https://www.emilyprogram.com/for-professionals/refer-a-patient/>

Support Available (Emily Program)



- The Emily Program
 - Commercial Insurance & WA / ID Medicaid Access
- WA FMLA / PFML Available
- Treatment Scholarships: Project Heal
 - <https://www.theprojectheal.org/apply-for-support>
- Financial Help With Barriers To Care: WithAll Grant
 - <https://withall.org/>



Support Available (General & Emily Program)

- National Alliance for Eating Disorders ([Website](#))
 - Pro Recovery
 - LGBTQ+
 - Larger Bodied Support
- Project Heal ([Website](#))
 - LGBTQ+
 - Larger Bodied Support
 - BIPOC
 - Male Identifying
 - Age Specific
 - Spanish Speaking
- The Emily Program ([Website](#))
 - ED 101: Understanding Eating Disorders, treatment & Recovery
 - Friends & Family
 - Recovery Night



Support Available (General & Emily Program)

- **Case Consult:**
 - Peer to Peer Consults
 - Virtual Monthly Consult Group (2nd & 3rd Wednesday)
- **Online Quiz:**
 - <https://emilyprogram.com/your-recovery/take-the-quiz/>
- **Free Meal Support:**
 - <https://www.theprojectheal.org/meal-support>

Questions?

