Video Transcript: Eating Disorders 101 for Title X and TPP Staff Webinar

Amanda Ryder:

Hello everyone. My name is Amanda Ryder. And I am with the Reproductive Health National Training Center. And I am so delighted to welcome you all to today's webinar, "Eating Disorders 101 for Title X and TPP Staff." I have a few announcements before we begin. Everyone on the webinar today is muted, given the large number of participants. We plan to have some time for questions at the end of today's webinar. And you can ask your questions using the chat at any time during the session. A recording of today's webinar, the slide deck, and a transcript will be emailed to participants and available on rhntc.org within the next few days. Closed captioning has been enabled. To view, click the CC icon at the bottom of your screen. Your feedback is extremely important to us and has enabled the RHNTC to make quality improvements in our work based on your comments. Please, please, please take a moment to open the evaluation link in the chat and consider completing the evaluation in real time. In order to obtain a certificate of completion for attending the webinar, you do have to be logged in to rhntc.org when you complete the evaluation. This presentation was supported by the Office of Population Affairs and the Office on Women's Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA, OWH, or HHS.

For those who are interested in continuing education credits, this webinar has been approved for one continuing nursing education or CNE contact hour. Again, to receive your certificate, please complete the evaluation at the end of the webinar. There is no fee for a CNE certificate upon successful completion of this activity.

With that, I am very pleased to introduce our speaker today. Dr. Lesley Williams is a board certified family medicine physician and eating disorders expert. She received her medical degree from the University of Kentucky College of Medicine and completed her family medicine residency at the Mayo Clinic in Arizona. Dr. Williams has given national and international lectures on various topics related to eating disorders and is recognized as a clinician leader in the field. Dr. Williams serves on the Academy for Eating Disorders Executive Board of Directors. Her professional passions include health equity advocacy and weight inclusivity education. She is the award-winning author of a children's book, "Free to Be Me: Self Love for All Sizes," and contributing author to "How to Nourish Yourself Through an Eating Disorder."

Before I pass it over to Dr. Williams, we'll review today's session objectives. First, we wanna see as a group where we're starting from in terms of how confident we are that we can do what the objective state. So we're gonna launch a very brief poll where we will ask you to rate your confidence on a one to five scale where one is not at all confident and five is very confident for each objective. So first, describe the prevalence of eating disorders and their impact on physical, mental, and reproductive health. Second, describe strategies to identify individuals who may be at risk for or are suffering from eating disorders. Third, identify at least three actions

staff and providers can take to prevent and address eating disorders in sexual and reproductive healthcare and adolescent health program settings. So if you haven't had a chance yet, go ahead and rate your confidence. We are just over half who have participated. So we'll aim to get that just a bit higher before we close the poll. We'll close it in just a few seconds. So if you can eke in your response, it would be much appreciated. All right, let's go ahead and close that poll. Take a quick peek before we move on. So it looks like we've got a majority rating themselves a two or a three in terms of confidence around prevalence and impact and describing strategy to identify individuals. And a little bit lower confidence identifying actions. So hopefully, we will give you some additional information and resources and knowledge so that you can address this important topic. And with that introduction complete, I'm very happy to pass it to Dr. Williams.

Dr. Lesley Williams:

Thank you, Amanda. Thank you so much for that very, very warm introduction. And I wanna just say a special thank you for the opportunity to come and speak with all of you today. I'm very, very excited. This is a topic that's near and dear to my heart. I think first, just being a woman growing up in a society where there was just constantly so many messages about your body and it not being right and needing to change your body. And then also just my role as a mom and raising a daughter and trying to help, you know, instill in her positive body image and really help prevent eating disorders. And I think my role as a primary care physician where this is a topic that comes up more often than not in my day-to-day conversation. So I'm just really excited about us delving into this conversation today about eating disorders, how they show up in many ways that we may not anticipate, and then what we can do to help prevent them. So our agenda for today is that we're gonna start with just kind of an overview of eating disorders and eating disorder diagnoses. We're gonna talk more about reproductive health and how eating disorders may impact that. Then we're gonna talk about how we might see eating disorders in your specific Title X and TPP settings. And we're gonna discuss opportunities to start a conversation if you think someone that you encounter might be struggling. So let's dive in.

So first, just as an overview of eating disorders. I think that we just need to recognize that they go beyond vanity. I think sometimes when people think eating disorders, it's, oh, someone who just wants to look or be thin. But the real issue is that eating disorders are real life-threatening mental and physical illnesses. There are so many factors that go into eating disorders. Biological, psychological, and sociocultural. We know that eating disorders are very prevalent. 9% of the US population. That's an average of about 28.8 million Americans will have a diagnosed eating disorder within their lifetime. And even more than that, there are people that struggle with disordered eating that may not get to the point of meeting full criteria for an eating disorder. And we all recognize that we live in a world of diet culture. And oftentimes, because there is so much talk about body and what to eat and what not to eat, it can become challenging to really recognize when an eating disorder may be developing or when someone might be vulnerable to an eating disorder.

The reason why prevention is so, so important is that eating disorders are very expensive to treat. If we look at the overall economic impact of eating disorders, the yearly cost of eating disorders is $64.7 billion with a B dollars. And the additional loss of wellbeing for Americans is $326.5 billion per year. And we also know that caregivers of those that struggle with an eating disorder, they represent another additional $23.5 billion per year of lost revenue because they need to help care for and attend to their family members that might be struggling with an eating disorder. So if we, you know, one part of it is the psychological impact, the mental health impact.

But also, it's just very expensive. And so ideally, we're all coming together to talk about strategies to prevent eating disorders so that someone who we think may be struggling never gets to the point of needing this very costly intervention of treatment.

The good news is that full recovery from an eating disorder is possible. And that's why early detection and intervention are so, so, so important because if we can recognize some of those warning signs early on, then we're hoping that we can kind of turn that train around and no one has to get to the point where they're struggling for years with an eating disorder.

We're gonna delve into the specific eating disorder diagnoses. Typically, when someone thinks of an eating disorder, the classic eating disorder that comes to mind is kind of like a very, very thin underweight female who's struggling with anorexia, struggling to eat. But in reality, eating disorders come in all different shapes and sizes, all different cultural backgrounds. And one of the most common eating disorders is actually what we report as other specified feeding and eating disorder or OSFED. That's actually the most common eating disorder diagnosis. And if we think of it conceptually, it's kind of like this idea of disordered eating. The disordered eating has gotten to the point where it really impacts this person's day-to-day functioning or they're having medical complications. But it's not always that typical anorexia picture that we're used to seeing when someone mentions an eating disorder. So some of the defining features are an intense fear of weight gain, significant restriction of caloric intake. One example of a patient is someone I even just saw just the other day. It was a 20-year-old who had been bullied brutally as a young kid regarding her weight. Her father even made comments about her weight. And she just began a very, very restrictive diet. And over the past 12 months, she's been severely restricting her calorie intake such that she lost a significant amount of her overall body weight. I think she went from 200 pounds to like, like less about 80 pounds within that timeframe. And now, she's having some of those physical complications with hair loss, fatigue, and so forth. But if you were to just look at her on a chart, you know, her weight right now isn't very low. But if you were to kind of look through all of the symptoms that she's having, they would all be consistent with what you would think of that classic anorexic picture of severe calorie restriction, physical symptoms, and so forth. And so that person would be what we call like atypical anorexia. The only thing that makes it atypical is that she hasn't gotten to the point of being underweight, but everything else about her presentation is consistent with all of the malnutrition side effects that we see from severe calorie restriction. So that person would be in that OSFED or atypical anorexia category. And people that fall into that category, again, most common diagnosis. The second most common is binge eating disorder. And those are people that struggle with eating large amounts of food within a short period of time, often repeatedly. Sometimes, this can be driven by emotional distress. And oftentimes, there's a sense of a lack of control over eating. Just this idea that once I start, I really can't put the brakes on. And then after that binge episode, there's some significant guilt, shame, psychological distress around it. So binge eating disorder also is quite common.

When we look at other eating disorder diagnoses, anorexia is one that people are most familiar with. And that's again, this defining feature of intense fear of weight gain, severe calorie restriction, their body weight gets to the point where it's very, very low. And that's anorexia. And then bulimia nervosa. Those are patients that struggle with the binge episodes, like I discussed earlier. Eating large volumes of food. Feeling a lack of control over their eating. But then they also engage in some type of compensation, some type of compensatory behavior, which could be over-exercise. The classic one that we think of are people who engage in purging after

eating large volumes of food. And another very common one is people who might engage in restriction. So they might go long periods of time without eating. And then they become so hungry that they eat large volumes of food and engage in binge eating. And then they might return to restriction. So that would fall under that bulimia category.

Another example of an eating disorder, which really isn't within kind of our true diagnostic criteria, but it's another way that disordered eating might show up is called orthorexia. So that's kind of a term that has come in the popular culture. But it's people who are very, very focused on healthy food, healthy eating, to the point where their intake is just so restrictive. They're kind of obsessive about the content of what they eat. And oftentimes, there's some associated calorie restriction because they're just so focused with, you know, the content of what they eat and to the point where it really impacts their day-to-day life. They don't feel comfortable going out to eat with friends, eating outside of their home 'cause they're just so hyper-focused on content healthy food. That would be that orthorexia. But again, not a true diagnosis. And then the newest eating disorder diagnosis that is emerging is avoidant restrictive food intake disorder, also called ARFID. And the defining feature of that are those that are very concerned about what they can and can't eat. We think of it as kind of an extreme picky eater. But oftentimes, there is no body image concern behind it. It might be, for instance, a fear of some type of symptom. Maybe someone had vomited after eating in the past. And now, they're so fearful of eating, they become very restrictive. Or maybe someone who also struggles with GI or gastrointestinal distress. And they are very, very restrictive in their intake because they feel only a limited number of foods will keep them from having that GI distress. And sometimes when people struggle with ARFID, they become so restrictive in the foods that they're willing to eat that they subsequently have malnutrition and other things as a result. So that's kind of an example of another emerging, one of our newer eating disorder diagnoses.

So eating disorders don't occur alone. They are rare, they rarely occur just without some other type of mental health disorder. Oftentimes, we see those that struggle with disordered eating also struggle with mood disorders, anxiety disorders, PTSD, substance use disorders are common, non-suicidal self-injury, and suicidal ideation. So when we think about this whole constellation of mental disorders when you're dealing with someone, it's, I think of them as kind of overlapping circles. And so it's really important and can be challenging sometimes to tease out what all is going on with someone. So we just think of eating disorders as often being another kind of overlapping circle to other mental health disorders that people are struggling with.

It's important for us to highlight the fact that eating disorders affect everyone. They can occur at all ages. Most of the evidence supports the fact that we're seeing them earlier and earlier. Eating disorders can start as young as age 5 and go all the way to age 80+. And so when we have someone where you're wondering about their eating issues. Seems like it's an issue, but, oh, they don't meet that classic picture of what I'm used to, there is no classic picture, right? Anyone can struggle with disordered eating. We know that it affects all races. However, people of color with eating disorders are oftentimes half as likely to be diagnosed and receive treatment. We know that eating disorders can occur in all genders, with females being two times more likely to have an eating disorder. And we know that eating disorders can impact all sexual orientations. So again, if you're coming into this webinar with an idea of what a classic eating disorder is, we're hoping that by the end of it, we can help convince you that eating disorders come in all shapes and sizes.

It's important to highlight that there are certain groups that are more vulnerable to developing eating disorders than others. Those are people that struggle with being at a higher weight, LGBTQ+, people of color, those of older age, and those of lower socioeconomic status. And we'll talk about some of the different factors that go into that. But I think one of the general themes in most of these groups is that those that feel marginalized in the society as a whole are oftentimes vulnerable to eating. Many of these things on the list that may make someone feel marginalized are things that people have no control over. We have no control over, you know, your socioeconomic status often or whether or not you're a person of color. And sometimes, just that feeling of being other or being different will kind of be a driving factor to maybe engage in disordered eating because it feels like the one thing within your environment that you can control. And sometimes, that will be a theme that we'll see. So just wanna point out that there are certain groups that are more vulnerable. And oftentimes, in eating disorder treatment as well as in just the research that's been done, these groups have been not always included.

Poll time. So we're gonna do another quick poll. And I wanna ask what percentage of people with eating disorders are actually underweight? Got some great responses coming in. I think I'll go ahead and end the poll and share the results.

So it looks like most of you said in between that 14% to 27%. And what we know in actuality is that eating disorder, those that struggle with eating disorders that actually meet criteria for medically underweight make up less than 6%. So I think this is just another example of sometimes, again, that image that we have of those that struggle with the eating disorder versus the reality. So most of the people that struggle are gonna be at an average weight. They may be at a higher weight. Eating disorders come in just all different shapes and sizes.

So we touched on this earlier. But there is a myth that eating disorders are harmless. What does it matter if someone's overly worried about their weight, their shape, what they eat? And I just want to point out the fact that that is not accurate. Eating disorders are actually the second most fatal mental illness, second only to opioid use disorder. And we know that there are 10,200 deaths per year as a direct result of an eating disorder. That's the equivalent of one death every 15, excuse me, every 52 minutes. The majority of these are secondary to suicide. But we also know that eating disorders can have a significant physical impact. They can impact people from a cardiovascular standpoint. People struggle with, you know, cardiac arrest. They can impact people from a neurological standpoint. They may struggle with cognitive issues, strokes. They may have GI issues, endocrine issues. So eating disorders impact the entire body as a whole. And they can be fatal, which is so, which is why this conversation is so vital in terms of efforts that we can make to prevent them.

So all of you guys are here because you are involved in some way with either teenage pregnancy prevention or reproductive health. And we know that eating disorders are something that are very common in women of reproductive age. It's a very vulnerable time in a woman's life. And so we know that there's oftentimes an overlap with that. We know that oftentimes, eating disorders start before pregnancy or trying to conceive. And they can also be a common cause of infertility. They can also have a negative impact on the parent as well as the baby during pregnancy. So ideally, this is something that we wanna be able to recognize early and intervene.

Anyone who serves individuals of reproductive age should feel very comfortable with their overall understanding that eating disorders exist. They exist in this population. And if you think you might encounter one, what to do next.

So if we look at the general overall reproductive timeline, the best place for us to intervene is in this pre-puberty area. It's that ideally, when we have an opportunity to interact with young kids, with adolescents, we wanna be able to, you know, instill in them positive body image, talking about different things or maybe recognizing when they might be struggling so that we could kind of, again, shift the tide, if you will, so that things, as their body changes when they get into the puberty aspect, when that's oftentimes when they may start coming to your facilities to explore pregnancy prevention, they're going through body changes, this can be a very vulnerable time. Pregnancy also, again, because of body changes, fears and anxieties that happen. Another very vulnerable time. The postpartum period is also another very vulnerable time because moving into a new role, dealing with changed bodies. This is also a very vulnerable time for eating disorder development. And then menopause. Again, and one of the general themes throughout all of this is that there's a vulnerability when there are things that are happening to your body or in your life that are kind of outside of your control and that might make someone more vulnerable to eating disorder development.

So let's talk about puberty for a minute. We know that this is a high risk life stage for eating disorder development. Oftentimes impacted by body change. Maybe dissatisfaction. Fears about maturation. Just maybe general poor body image. Not feeling comfortable with these things that are happening. And maybe even just hormonal fluctuations. The up and down of the hormones and the emotions that go along with that. We know that also during this life stage, there are overlapping vulnerabilities with other marginalized identities like we talked about. And those can have an additive effect. So if we think of adolescents in and of itself, it's gonna be a time of vulnerability. But then if you add to that an adolescent who is maybe in a larger body, maybe struggling with their gender and being maybe gender non-conforming, maybe identifying as being a sexual minority, if we kind of add all of those things up, it can increase that vulnerability to eating disorder development.

Another thing that I know that oftentimes, people are gonna be coming to you guys and seeking out possibly birth control, maybe with questions about birth control. And sometimes, that might be an instance when you might notice some of these concerns. We know that there are some general side effects that go along with contraceptive treatment. Oftentimes, the birth control pill may, for some adolescents or young adults, cause some mood fluctuations, breast enlargement, appetite changes, abdominal bloating, weight fluctuations. Those can be some potential side effects.

And sometimes, those side effects are, invoke so much fear that maybe there's an adolescent who's like, I don't even wanna touch that because I'm already struggling with all of the body image, you know, changes that are happening within me. And I don't want to, you know, take something else that might be impacting that. And so there's sometimes some fear or negative perception of weight gain. There may be some weight concerns that can lead to either avoidance of or discontinuation of contraceptive therapy. And oftentimes, there's just limited knowledge about the various contraceptive options and limited counseling that takes place. And

so this can be an opportunity. Especially if someone presents and they're like overly fearful about those side effects. It might be an opportunity to say, "Hey, you seem really, really worried about this. Tell me a little bit more about how you're feeling about your body or where some of those fears are coming from." So it's like, it opens the door sometimes to this conversation and maybe gives you a little window into what someone's struggling with.

Expressions of weight-related fears impacting choice of contraception. Again, it's that opportunity to discuss body image concerns and the potential for eating disorder vulnerability. 'Cause oftentimes adolescents, they don't really have the words to say, you know, I think I may have some intense body image fears or, you know, they're not gonna present in that way. And so it's like you look for these little opportunities along the lines to say, "Hey, do you have any concerns about your body now? Do you have any fears of your body changing in the future?" And so forth. So this really provides an opportunity time.

Infertility. We also know that eating disorders are associated with malnutrition and sometimes weight fluctuations, which can impact infertility. And also infertility, those that are struggling with infertility, again, it becomes this idea of there's something going on with my body that I don't have control over, right? I want to get pregnant maybe and I'm unable to. And there must be something wrong with me. And so I must do something to try and fix this. And so we'll see people who are struggling with infertility who then maybe become very hyperfocused on what they can and can't eat, being very restrictive in terms of their food intake. And sometimes, that portion of what they're struggling with goes unrecognized. And there's so much focus on infertility and infertility treatment when maybe at the very basis, that person really needs help with just overall nutrition and actually expanding what they're eating and maybe even some weight restoration. So we just want to point out and recognize that those struggling with infertility may also be vulnerable to eating disorder development.

And, of course, pregnancy. Pregnancy becomes a very, very vulnerable time for development of eating disorders. We know that 5% to 7.5% of pregnant individuals meet criteria for an eating disorder. Some experience a decrease in their eating disorder behaviors during pregnancy. The research reflects that. Sometimes, there's this idea of, I have this new person growing inside of me that I need to care for and so as a result, I'm gonna put all that eating disorder stuff to the side and really focus on this baby and nurturing this baby. But then there are other women who might struggle with the idea of I have this new person growing inside of me and all of the fears and anxieties that go along with that. And the eating disorder becomes a way for them to kind of channel that energy. We also know that all of the body changes, the weight gain fears, you know, that oftentimes, even if someone has a very, very strong constitution in terms of their body image, pregnancy might be a time where they become more vulnerable because now all of a sudden, where people are making comments about their body, making comments about their body changing. And so that can kind of be the spark that kind of leads to some disordered eating behaviors. And we also know that pregnancy symptoms can mask eating disorder behaviors. So some of the things that naturally go along with pregnancies such as nausea, vomiting, different things like that, maybe someone is also struggling with an eating disorder. But during that time of pregnancy, the behaviors go unnoticed or maybe pushed aside because you think that it's a natural part of the pregnancy versus it being an independent eating disorder. And the important thing to note is that active eating disorder behaviors can impact pregnancy outcomes for the mom and the baby. So that's why it's really important for us to intervene to hopefully have a positive impact on those pregnancy outcomes.

So some of the risks during pregnancy for someone who is also struggling with an eating disorder is increased chance of miscarriage, increased preterm labor, low birth weight for the baby, increase in the potential for C-section, gestational diabetes, impaired fetal development, depression, and anxiety. So those that are struggling with eating disorders within the contents of their pregnancy may have some of these negative risks that go along with it. So it's important for us to try and intervene if we have an opportunity to do so.

The potential risk to baby can be decreased by recognizing and treating the eating disorder prior to pregnancy or during.

The postpartum period is also another time of vulnerability. There is so much society pressure to lose weight quickly, especially right after pregnancy. You can't, you know, barely go down an aisle in the grocery store without seeing a picture of, oh, this person just had a baby yesterday, and look, they're already back to their, you know, pre-baby weight. And there's this just general perception that whatever weight is potentially gained, it should be lost very quickly. And so oftentimes, new moms just feel this pressure. Rather than really taking that time to enjoy and focus on the baby, they also feel the societal pressure to do whatever they can to lose the weight right away. We also know that the demands of parenthood might make someone vulnerable. You know, just all of a sudden having to deal with that, especially those that are maybe from a lower socioeconomic status. Now we have this kind of new baby that I have to deal with and all of the financial things that go along with that. And that in and of itself can make someone vulnerable to disordered eating behaviors. Maybe engaging in binge eating as just a way to deal with all of the emotions or restriction just because of feeling so overwhelmed. We also know that breast and chest feeding challenges, having challenges with breastfeeding can be another thing that sparks a vulnerability to eating disorder behaviors. As well as, we oftentimes see those that maybe struggled with some disordered eating prior to the pregnancy or maybe have significant weight gain fears. Sometimes, they may engage in excess breastfeeding as a way to kind of increase that calorie expenditure to hasten some of that postpartum weight loss. So that's also something to kind of keep an eye on. And so we also know that maybe those, we had mentioned early on, sometimes pregnancy becomes a time of kind of reprieve from the eating disorder. Like feeling this relief that now that I'm focused on another person, I don't have to worry about my eating disorder. And those that maybe had eating disorder previously or were vulnerable to one kind of put the eating disorder symptoms aside. But then that postpartum period, again, because of the body changes that took place, maybe some new anxieties around parenthood, that can really be a time of increased risk for relapse. So we wanna be mindful of that. And, you know, feel comfortable asking those questions.

Just another comment on pregnancy as well is that oftentimes during pregnancy too, there's a lot of shame and guilt around discussing any of those fears about body changes. I think that as society as a whole, it's this idea that this is supposed to be a wonderful time and there's supposed to be no negative thoughts about it. And so oftentimes, women don't feel comfortable coming forward because they feel some guilt about some of those fears that they have. And so having an opportunity to kind of open the door to that conversation and ask them about it first rather than waiting for them to bring it up can help alleviate some of that shame and guilt. Just kind of saying, "Hey, it's common that women are fearful about the body changes that go along with pregnancy. Is that something that you've been worried about?" And then just briefly on

menopause. I know that you guys don't deal with a lot of patients that are struggling with menopause. But, again, that's another time period of vulnerability to eating disorder development. Again, because of body changes. Maybe role changes. You know, kids are leaving the house. Not being as involved in kind of the parenting aspect. And so just wanted to make a note of that being another vulnerable time.

So what can we do within the context of these Title X and TPP settings to really, sorry about that, to really address eating disorders? We know that the goals of Title X and TPP settings are to provide equitable, affordable client-centered quality family planning services for clients, especially those of low income. And so that's we mentioned earlier is really, points to those that can be vulnerable to eating disorder development. So you guys are already taking the first step by coming here and educating yourself about the potential for eating disorders. And we know that goals as well for TPP settings are to improve adolescent sexual health outcomes and promote positive youth development in communities across the United States. And so I would like to say that, you know, just recognizing that eating disorders are a threat and looking for opportunities to really help youth have more of a positive body image and a positive relationship with food in their bodies is something that can really go a long way to help towards eating disorder prevention.

So we'll start with this point of access to equitable affordable eating disorder care. So the facts are that only 10% of people with eating disorders ever receive treatment. So we've already talked about the fact that eating disorders are very, very prevalent. We know that eating disorders are very harmful. They can actually even be deadly. But only 10% of those that have an eating disorder ever receive treatment. Those are very, very kind of grim statistics. And so I think that the big goal is not so much trying to get that 90% to be able to have access for treatment, but I think the better lift is for us all to try and be out there doing what we can to help prevent eating disorders because we know that the majority of outpatient eating disorder providers do not even take insurance. Those that may have a specialty in this area do not take insurance. They only take limited insurance. And the average eating disorder treatment episode, if someone has to go into an inpatient treatment facility, is $80,000. That is an insane amount of money that most Americans just do not have access to. And we know that providers are more likely to encourage those patients that are at a higher weight to engage in eating disorder behaviors than they are to screen them for eating disorders. So I think that all of us being aware of the prevalence of eating disorders, how common they are, and if we see any signs helping those people kind of get help right away will really put a dent in this because ideally, we can decrease the number of people that have eating disorders or ever need treatment in the first place because we know that treatment just isn't accessible to most people. And that's an unfortunate thing.

So our goal. Recognize those that are vulnerable and prevent eating disorders before they start.

So one of the things we can do is look for the warning signs. Oftentimes, if you see someone who's struggling with a preoccupation with their weight. They're weighing themselves all the time. They're very fearful. I can't eat that thing because I'm afraid of how I'm gonna gain weight. Maybe we notice that there's rapid weight fluctuation. Someone that's constantly going up and down with their weight. Someone who's verbalizing dissatisfaction with their body changes maybe as they're going into pubertal development or those that maybe just have negative attitudes regarding food or eating. Those are some of the warning signs. And oftentimes, when

you're working with patients in general, but especially with youth in a group setting, that might be an opportunity to kind of get some feedback on how they feel about eating, food, their bodies 'cause it's something that even if we don't start the conversation, they're talking about it, right? It's on TikTok. All of these things about ways that you can lose weight. It's on social media. And so we wanna be the ones that are kind of driving the conversation and getting to, get a better understanding of what's going on in their heads. Another thing I think that's important if you work with youth in any capacity is recognizing maybe some of your own kind of thoughts about weight and body image and being very mindful about making negative comments about other people's body or even your own body because oftentimes, that can be kind of misinterpreted. And so that's another opportunity for us to kind of be proactive is being mindful about the words that we use and avoiding making comments about other people's bodies.

So one of the things we talked about is opportunities to start the conversation. So as I already mentioned, if you encounter someone who you think might be struggling with an eating disorder, it can be a very kind of delicate dance, right? Because oftentimes, there is a lot of negative stigma out in the community about eating disorders. And people don't feel comfortable with being given that label, if you will. So it's important to recognize that our words matter. So if you say something like, "I'm concerned about your eating. I think you may have a eating disorder." You know, oftentimes, that's misinterpreted as you think this is all in my head or you think that I'm crazy. And I think, we've already talked about the fact that conversation about food and body is everywhere within our culture. It's something that people are thinking about often, even if we're not talking about it. So I think it's important when you're kind of bringing up these conversations to really normalize it. You know, if you have an opportunity to talk with youth saying, "You know, it's totally normal to have concerns about our bodies changing. You know, whether that be puberty, pregnancy, postpartum, menopause, this is a totally normal thing that happens at this life stage. And, you know, are you having any of those concerns?" Or maybe, "These are some concerns that people have brought up to me in the past." And so I think it's an opportunity to open the door that kind of level sets and recognizes how common this is versus like feeling like you're, someone feeling like you're pushing them into a corner or giving them a label.

And I can't stress enough the potential of guilt and shame. Even sometimes when people recognize that they're struggling with some type of disordered eating, there's a lot of shame and guilt about that and they may not feel comfortable coming forward or may not have the words to really express that. And so that's where being able to kind of start some of these conversations in a very gentle way, a way that normalizes it really can open the door to getting more information without making someone feel kind of shameful about the way that they're feeling about their body.

And another key thing is to respond. If you think someone has been struggling, I think we've stressed quite a bit in today's conversation, is that one of the greatest things that we can do is to recognize and intervene early. I don't want anyone on this call to feel as though you have to do it all, right? Sometimes it feels kind of intimidating to ask the questions because then if they say yes, what do I do with that information? And that's where you shouldn't feel like you have to do all that work alone. I think your goal is just recognizing, hey, you know, I've noticed that Lisa has really been worried about her weight, worried about what she's eating. Her weight's been going up and down. And I don't know what to do next. But I'm afraid that she might be vulnerable. How can I intervene? There are tools that are available. The National Center of Excellence for Eating

Disorders has this great SBIRT for eating disorders screening tool that is open and accessible to everyone. It not only kind of goes through screens that a patient can do or a person can do themselves or you can do with them. But it also gives excellent resources. And maybe if it's you going through that screen with someone, it also gives examples of like things that you can say and little conversation prompts. So that's an idea of a tool that could be used. The National Eating Disorders Association also has a screening tool that's available. There's a lot of organizations out there that have resources to help refer. And again, the idea is just to recognize that someone might be struggling and then help refer them to get additional help. And following back up. Maybe the first time that you mentioned it, as we mentioned before about shame and guilt and just misunderstanding, someone may not feel 100% comfortable kind of talking with you about it. But the fact that you followed back up, checked back in on them, that can sometimes also kind of decrease some of that fear and open up for an opportunity to have more conversation.

These are some examples of resources that are available to you guys. I really love all of them. I know that WithAll Health has some great resources on kind of weight inclusive conversation. I think that historically, oftentimes, there was this focus on trying to, if you worked with youth, you know, help people get to a smaller body size. But now, there's been kind of a shift because we recognize what a negative impact weight stigma and bias, especially in healthcare settings, has had on individuals. And we're really focused on this idea of weight inclusive care, right? Our goal is not to make everyone fit one particular mold, but to help people across the board be the healthiest that they can be. And so they have some great resources. Project HEAL has great resources for eating disorder treatment. There's a lot of free resources out there for eating disorder groups and even some therapists that provide free access to care. We have the National Eating Disorder Association and a number of other organizations that provide support and resources if we get to the point where we recognize that someone needs more help.

So I think some of the big takeaways from today's conversation is that all of us want to embrace body diversity. We recognize that people come in all shapes, sizes, colors, creeds. And the more that we can embrace and celebrate body diversity, I think that goes a long way to eating disorder prevention. We also wanna make sure that the individuals that we serve feel seen and included. We spoke earlier in the conversation about those that feel marginalized are oftentimes vulnerable to engaging in disordered eating behavior. And so providing those safe spaces where people feel seen and included and feel like they matter also is a great step towards eating disorder prevention. We know that eating disorders do not discriminate. They don't come in one particular package. And I think the way they talk about it in the eating disorder literature is the historic swag picture of someone with an eating disorder. And that someone, it's a single white affluent girl. And so that is not the sole picture of eating disorders, right? That they come in all different shapes and sizes, ages. And so we know that they don't discriminate and that even, regardless of what type of environment you work in, you are likely encountering someone who struggles. And we know that those in particular that are seeking reproductive health or adolescent health services are often vulnerable. And we wanna have it on our radar and be aware. We know that recognizing those at risk can really help hasten intervention and reduce the need for costly treatment that is oftentimes kind of really inaccessible for a lot of people. And so that's part of the conversation to do today as well, is to be able to recognize that we encounter those that are at risk and we wanna help hasten the opportunity for intervention.

Amanda Ryder:

Well, thank you so much, Dr. Williams. We do have some time for question and answers. So I would again encourage folks to use the chat to submit your questions. One that came in that I think you have somewhat touched on is Nora's question, but I was hoping that I could expand on it just a little bit, given the audience we have. So the question notes, "With some context, we provide healthcare to a vulnerable community with multiple barriers and multi-generational trauma. Do you have resources to assist how we approach if the eating disorder, if we suspect it?" And I wanted to just also expand on that with a particular lens of this audience. If there are, you know, the suggestion for referrals, for example, you noted many, if they do take insurance, if not all of them, this population, you know, perhaps doesn't even have insurance or has very limited insurance. So could we put a particular focus on resources that are free or low cost or referrals to resources or info providers that are free or low cost?

Dr. Lesley Williams:

That's an excellent question. One that is a huge concern is having access. I think some of the things that can be helpful are the... I know Project HEAL has some. They do free assessments. I'm almost positive. And they are a great resource because that's one of their, it's a nonprofit. And that's kind of one of their, kind of missions is to be able to provide accessible care. So I think if I were gonna highlight some of the resources that are provided, Project HEAL would definitely be one of those. And that would be a great place to start. And I think back to this idea of, you know, I think it's important to highlight that when you're working with vulnerable communities that have so many things that they're dealing with on a day-to-day basis, when, you know, food, shelter, safety are kind of at the top of the list of things that are on their concerns, oftentimes, you know, struggling with disordered eating is way down on the list. And so I think that's important to recognize. But also recognize that, you know, disordered eating can lead to health complications and other things that make it challenging for their life as a whole. So I feel like just broaching the topic lightly and recognizing all the concern that they're dealing with on a day-to-day basis. I have lots of patients that, you know, when I'm worried, you know, from check to check about taking care of my kids, I don't really wanna hear what you're saying about how, you know, these eating behaviors are impacting me. But what I talk to them about is this idea that, you know, what's important to them, right? Taking care of my kids is important. Well, the disordered eating that you have is negatively impacting your health. What can I do to help you in terms of taking care of your kids? And how can we address this disordered eating in a way that recognizes everything that you have on your plate so that we're not ignoring it, right? Because if that's also something that's taking up a huge amount of your time or it's impacting your health, that's also taking you away from taking care of your kids. Do you know what I mean? So I think kind of approaching people in a way that you're kind of empathetic to what's most important to them. I feel like that is often a way that I can kind of get an inroads when you're dealing with people that have lots of competing issues that are going on in their lives.

Amanda Ryder:

Just flagging another question in the chat. "For those who may work with or come in contact with pregnant individuals, would it be appropriate to refer those folks that may have the desire to lose weight to the nationaleatingdisorders.org resource you mentioned for a screening?"

Dr. Lesley Williams:

That's a good question. So I think, so just so I'm understanding it. Someone who's pregnant who wants to lose weight and that in and of itself would kind of be a red flag, right? Because most of the time, we recognize that during pregnancy, you know, that is not a time that we're gonna be focused on weight loss. So I do think that either the National Eating Disorders for screening or even the SBIRT that I mentioned because pregnant or not, some of those initial questions about your weight gain fears and your behaviors around food should become evident within some of those screening tools.

Amanda Ryder:

And I wanna close with one question that I think reflects the crux of what you've been trying to mention throughout the session, which is that prevention is key. So just in closing for the Q&A, in addition to instilling positive body image, which you mentioned, what other strategies come to mind that really support that prevention lens?

Dr. Lesley Williams:

Some of the things that come to mind in terms of a prevention lens is starting earlier and earlier with the conversation about eating diverse foods, right? About kind of getting away from this good foods and bad foods and looking at foods as like fueling your body and how they make you feel. Encouraging kids to be active. Those are some of the things. Recognizing when someone lives in an environment where there may be barriers to them getting the diverse foods. There's a lot of systematic barriers to having access to diverse foods, having access to ways to move your body. So I think, you know, when I think about prevention, I think about it on a, from a systemic perspective. It's like how can we create a environment in a world where all kids are able to have access to a variety of foods. All kids are able to engage in activities where they can move their bodies. And that we model that for them. Kids through, you know, through young adults. And so when I think of prevention, I think of it from that lens and like how can we create that for everyone?

Amanda Ryder:

Thank you so much. I wanna close with a few things. And I'm gonna ask folks to hang on just a couple minutes longer. So we wanna check back in on those objectives we set for the session and see how, if at all, the group's confidence has changed. So you'll note the poll just popped up with the session objectives. And we're gonna ask you again to rate your confidence using that one to five scale where one is not at all confident and five is very confident for each objective. So go ahead and pop your responses into the poll. And as folks are doing that, I just wanna note there is a second part to the poll question that will be popping up next. And I see... I'm gonna give it a little bit more time 'cause we have a number of folks who still have not participated in the first of the two part poll question.

I'll just note. The second question, if once you get there, is we are so excited to see what you are thinking of putting into action based on what you learned today. So the second question is open-ended. And we would love to know what is one thing you will do or perhaps something you'll do differently as a result of this training. So we're gonna leave this poll question up so you've got time to answer both the close-ended and the open-ended questions. And I'll continue to close us out.

Thank you all for joining us today. And I hope you will join me virtually in thanking our speaker, Dr. Williams. What a wonderful, informative presentation. Also a reminder and request to please complete the evaluation. The link is in the chat. We really do value your feedback and use it very much to inform future sessions. So thank you for taking the time to fill out not only the poll, but also the evaluation link. And again, a reminder. In order to obtain a certificate of completion for attending the webinar, you do have to be logged into the rhntc.org to complete the evaluation. There was a question in the chat. "Do we get access to the slides, particularly the resources?" And the answer is yes. We will follow up via email with the materials from today's session. And they will be available on RHNTC within the next few days. If folks have any additional questions for the RHNTC, please don't hesitate to email us at rhntc@jsi.com.

And to stay in touch with us, if you don't already subscribe to our monthly e-newsletter, by visiting rhntc.org/enewsletter. You can also contact us through our website, sign up for an account on our website, and finally subscribe to our podcast at podcast.rhntc.org or in your favorite podcast app. Again, thank you for joining us. Thank you so much, Dr. Williams. And this concludes today's webinar.

Dr. Lesley Williams:

Thanks for having me.