



Lunch and Learn
Eating Disorders an Honest Conversation
Transcript
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[Video Link](#)

Watch Time: 42 minutes (presentation)

Read Time: 13 minutes (presentation) (approximately)

Introductions

Amy O. CATCH Executive Director ([00:00:00](#)):

Hello everyone. I am Amy Oberholtzer, the Executive Director at CATCH. Thanks for being with us today. For those of you new to our lunch and learn series, our guest will speak for about 30 minutes, then she will take questions. I will also introduce Lisa Bloom from [Eating Recovery Center \(ERC\)](#), who will share some local resources with us. Today's program comes somewhat full circle for me, CATCH exists because of my journey, parenting a child with mental illness and severe anorexia. I am proud to be hosting this event, An Honest Conversation About Eating Disorders, so that our community can begin to understand eating disorders better, how intertwined they really are with one's mental health and just how brutally tough they can be today. We will learn that help is out there and successful treatment while not easy is absolutely possible. Our speaker Beth Ann Stanfield is the national family advocate for eating recovery path, mood and anxiety center. She too has supported a child through recovery from an eating disorder. And during that time, Beth Ann began, what is ongoing training in eating disorders and mental health. First aid Beth Ann has an extensive background in education in counseling and brings lots of experience working with families and educators to her role at ERC. CATCH welcomes Beth Ann Stanfield.

Presentation

Beth Ayn Stansfield MED National Family Advocate Eating Recovery Center/PATHLIGHT ([00:04:22](#)):



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Thanks Amy for that introduction. I really appreciate being here with you all today. What brings me here actually is my daughter, Carly. She was diagnosed with an anxiety disorder and obsessive compulsive disorder midway through middle school. And then prior to high school, she was diagnosed with an eating disorder. I want to say that I am happy to report that after a very difficult, challenging journey. She is in a solid place of recovery. She's 24 years old. I like to say she's in remission because she is not fully developed. That doesn't happen until you're around 26 years old. And I want to give her a little bit more time out there, but right now, she's in a solid place. She's enjoying her life after college and living in Denver, Colorado. So for today, I hope to raise awareness, offer a little around eating disorders while sharing some of Carly's story.

Beth Ayn ([00:05:28](#)):

Please keep in mind that eating disorders are one of the most complex mental illnesses. I realize we probably have some individuals who are new to eating disorders and they're concerned about a loved one. We probably also have some individuals who are supporting someone who does have a current diagnosis and you're looking for resources. And I would also imagine we have some individuals on here who are just curious, you're wanting to know more about eating disorders. I'm going to do my best to have at least three takeaways for each one of you by the end of this talk.

Beth Ayn ([00:06:43](#)):

I want to mention a few general facts.. So I pulled from this recognized document in the field, it's entitled the [Nine Truths of Eating Disorders](#) and it was created by the [Academy of Eating Disorders](#). So there, there's a number of things I want you to be aware of. First off, eating disorders can affect anyone. Second thing is eating, many people with eating disorders LOOK HEALTHY YET MAY BE EXTREMELY ILL. And as a matter of fact, the majority of individuals who are struggling are either WITHIN THEIR WEIGHT RANGE OR ABOVE THEIR WEIGHT RANGE. So with my daughter, Carly, if I were to show you a picture of her one week before she was to go away to higher level of care for treatment, just by looking at that picture of her, you would have not been able to identify her as someone who is struggling with an eating disorder, much less someone who needed to go away to higher level of care.



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Beth Ayn ([00:07:51](#)):

The other thing I want you to realize that **FAMILIES ARE NOT TO BLAME, and actually we can be our loved ones, best allies in treatment.** The other thing is **EATING DISORDERS ARE NOT CHOICES.** They are **not willful acts. They are SERIOUS BIOLOGICALLY INFLUENCED ILLNESSES.** Many folks in the field refer to **eating disorders as brain illnesses.** The other thing I want to mention is that **GENE AND ENVIRONMENT PLAY IMPORTANT ROLES in the development of an eating disorder.** There's around **60 TO 80% OF INDIVIDUALS who are struggling that actually HAVE A GENETIC VULNERABILITY for this illness.** The last two things I want to mention is everyone's eating disorder is unique to them. And treatment is not one size fits all. So, what might be appropriate for one individual and family might not be the best fit for another. And then the last thing I want to mention here is that **FULL RECOVERY from an eating disorder is absolutely POSSIBLE.**

Carly's Story

Beth Ayn ([00:09:00](#)):

So having said that, how does an eating disorder really come about? There are many different paths to the development of an eating disorder. So I want to briefly share Carly's story. In her first year of middle school, she developed a cough and initially she was diagnosed with a rare case of whooping cough in our state. I come to you all from Virginia and I was told by the specialist, keep her on homebound for a couple of weeks, let it run its course, and then she'll be back to normal. So this cough persisted, and actually she started to crumble emotionally and mentally. So back to the specialist, we went. **Come to find out she didn't have the whooping cough. What she was struggling with was an anxiety disorder that was presenting itself through this cough.**

So we got her diagnosed, we got medication in play and a therapist. She stabilized and we continued to treat her anxiety disorder and later her OCD. So, this is where the story starts. She returns to school, the students and the staff, they were so great. They were welcoming her. So good to see you. We missed you. We're going to make sure we help you catch up on your work. Wow, Carly, you really look great. You lost some weight. And of course, when you're coughing, you're tapping into your sleep and you're



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certainly not eating like you normally would have. So in fact, she had lost some weight. Well, it wasn't two weeks later that she announced to me, I'm going to get healthier. I am going on a diet and I'm going to start by eliminating sweets.

And so as a parent, even my pediatrician said to me, well, who doesn't want their kid to eat healthy and to eliminate sweets and soda. And I thought, well, I don't know because kids normally eat sweets and on occasion you have a soda. Well, Carly stayed true to her word and for around two weeks stayed away from sweets and then actually started running. And I thought again, as a parent, well, this is really great. I happened to be an avid runner myself, and I thought this'll be something we can do together. This is a healthy lifestyle. She even joined the after school track team. Within a month, she also started eliminating carbs because she thought that was going to help her up her game as a runner. At the same time, she was becoming a little bit more obsessed with her size.

She was running when the weather was bad, she was running when she wasn't feeling well. It seemed to become more of a task rather than something that she enjoyed, And now we're looking at eight or 10 weeks out, I noticed that she really had narrowed her food groups. My daughter was now only having fruits and vegetables and chicken. I also, at this time, started to notice a shift in her moods. There was irritability. I started to notice some sadness. She just seemed kind of down and disconnected. She loved going to school, but she was isolating from her friends, avoiding going out, especially when it was an occasion that involved food. And she was starting to spend more time in her bedroom. And of course she was dropping in weight. So it was at this point, I thought, wow, you know what?

We're three months out. And something is just not right. It's not sitting well with me. And so we went to see her pediatrician. Thank goodness she had some knowledge around eating disorders and Carly was diagnosed with an eating disorder. I know now that **DIETING IS A GATEWAY BEHAVIOR. It is one of the GREATEST RISK FACTORS FOR THE DEVELOPMENT OF AN EATING DISORDER.** And I really appreciate this article that the American Academy of Pediatrics put out there and it centers around recommendations for the prevention of obesity and eating disorders. And the title says it all, [No More Diets and Other AAP recommendations](#). And I thought, wow, I wish I would've had my hands on this article a couple of months prior to this diagnosis.



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Carly had a genetic vulnerability for the development of an eating disorder. She also had **certain PERSONALITY TRAITS**, temperament that put her at a higher risk for the development of an eating disorder. She's a **PEOPLE PLEASER**, she's a **PERFECTIONIST**. She's a **high achiever**. She is a **SUPER FEELER**. That means she feels her emotions rather intensely. She experiences the feelings of others around her rather intensely. She's like a sponge. Well, again, I had no idea that this could be a contributing factor to an eating disorder. I also did not realize that **EATING DISORDERS DON'T NORMALLY WALK ALONE**. So **CO-OCCURRING ILLNESSES CAN CONTRIBUTE TO THE DEVELOPMENT OF AN EATING DISORDER**. And as I mentioned prior to the onset, she was diagnosed with an anxiety disorder and OCD. Again, there are many paths to the development of an eating disorder order. This just happens to be Carly's presentation.

Beth Ayn ([00:14:46](#)):

When she was initially diagnosed, she was diagnosed with Anorexia Nervosa Restrictive and she was around 12 or 13 years old. I missed the memo that eating disorders can actually morph into another diagnosis. So by the time she hit 16 and a half, she was in recovery with Anorexia Nervosa. Then, one day she announced to me, please videotape me. I want this on camera. And she starts eating. I didn't realize. And I don't think she did at the time that the eating disorder was morphing into Bulimia Nervosa.

Warning Signs

Beth Ayn ([00:15:46](#)):

Where I want to spend our time is on these warning signs. Again, an eating disorder was nowhere on my radar screen. I hadn't even really heard about eating disorders, the only connection, and this is going to date me, I remember Cary Carpenter had struggled with an eating disorder, and that was about that. So when this came about, I was missing some of the warning signs that I wish I would've been aware of. In general, you're looking for a **shift in behaviors and, and attitudes around weight loss, dieting, control around food**. Those three areas are becoming primary concerns for your loved one. It could also be that you're noticing there's a **refusal to eat certain foods** like Carly progressing to the point where they're restricting against whole categories of food.



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Beth Ayn ([00:16:49](#)):

So Carly, she started by eliminating the sweets, and then she mentioned the carbs and was all very gradual for her. For some individuals is something that really happens more quickly for others. It can take a couple of months, maybe even up to a year for everything to set in place. You might notice that the individual is **becoming uncomfortable, eating around others**. I'm a single mom. And so I also have a younger daughter and I always made it a point that we would have dinner together. And Carly started to come up with excuses for not sitting at the table with us. And initially it made sense, you know, mom, I got this project I need to work on. I'm going to have my dinner. to the dining room table, spread everything out, and then I'll finish up there. Then it shifted to, you know, mom, I've got a lot of homework this week, this month, I'm just slammed. I'm going to take my dinner up to my bedroom so I can get my homework completed. And it wasn't long after that, we weren't even seeing her at the dinner table.

You might become aware of **food rituals**. So you're actually sitting with a loved one and you're **noticing excessive chewing of food or that they're not allowing the food on the plate to touch, or it might be that they're starting to cut food into very tiny pieces**. So be aware of those things. It might be that they're starting to **skip meals or they're taking smaller portions of food at regular meals** where they weren't doing that before. It might be that you're noticing **frequent trips to the bathroom after meals or during the day they're in the bathroom**.

Beth Ayn ([00:18:35](#)):

When Carly's eating disorder morphed into Bulimia Nervosa, what that looked like for Carly, she would restrict all day. **Then she would binge eat and that's eating a large amount of food in a short amount of time to the point where you're extremely full, very uncomfortable. And then that's followed with feelings of guilt and shame**. And then she would engage in an unhealthy compensatory behavior to rid herself of those calories. Her go to unhealthy compensatory behavior happened to be vomiting. What she was doing, she was leaving the table either to take food off of her plate, hide it in her jacket, or hide it in her sweatshirt to get rid of it in the bathroom, or to engage in unhealthy compensatory behavior.



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Beth Ayn ([00:19:37](#)):

The other thing you might notice is the possible **disappearance of large amounts of food, empty wrappers or containers**. Again, that could be an indication that your loved one is engaged in **binge eating**. There could be **extreme focus on body size and shape**. There could be an **increase in exercise**. Exercise and movement is a good thing when there is a level of concern when the individual like Carly was not increasing her caloric intake to keep pace with the exercise she was now engaged in. The other thing you want to be aware of is that Carly,, she's engaged in exercise, she's out there running. I would catch her in her room doing like 200 stomach crunches in the middle of the night. Or, on those occasions when she wasn't able to, to get her runs fit in, I noticed that she would get very anxious and very upset, very angry. So again, those are things you just want to have on your radar screen. And of course, noticing the isolation, the dialed up anxiety, depression, irritability.. If you go to the [National Eating Disorders Association](#), you'll find a more comprehensive list of some other warning signs to be aware of.

Screening Tools

There are some screening tools that I want to make you aware of and they highlight these warning signs that I briefly went over and **these online screening tools not to be mistaken for an assessment tool, but just an online screening tool.**

Beth Ayn ([00:21:33](#)):

They can be used in three different ways. So if you suspect you intuitively feel like something is going on here and it could possibly be an eating disorder, referring to an [online screening tool](#) can validate your concerns. The other thing that you can use these online screening tools for is you can use them to have a document to refer to that you can take to your primary care physician or an eating disorder specialist to use as a springboard for discussion. This is a very complex mental illness. It is life threatening. There are so many layers to this. There is a lot to learn. And so initially it can be rather difficult to find the words, to be able to articulate what you're observing. So referring to an online screening tool to share out with a primary care physician or a specialist can be extremely helpful.



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Beth Ayn ([00:22:35](#)):

Now, some of you all are on this call and you've been supporting your loved one through recovery. An online screening tool will help you keep track of their strengths and weaknesses and where they are in the scheme of this thing. There is another one that's referred to as [Scoff](#). It's frequently used by primary care physicians. It's a pretty informal five question type of survey. And if you answer yes to two or more of the questions, then there's reason for concern and you'll want to get an assessment done. The one I want to highlight today is called [Feed Your Instinct](#). It's out of Australia. It is a remarkable online screening tool. It's user friendly, it's comprehensive. And what it aims to do is highlight these common warning signs that I just mentioned, and then some, and then provide you all with useful information about eating or body image concerns. So when you have an opportunity, I suggest you take the time, read through each one of these four modules. I tell you, it won't take you longer than 45 minutes and then complete the checklist yourself. And then that way you'll be familiar with it. I do want to mention if you're a school professional on this call, if you're a parent on this call, a community member, I am not suggesting that you place a child in front of any of these online screening tools.

I am recommending that you all take advantage of these screening tools again, to either validate, have a document available that you can share out with a provider and/or to keep pace with what's going on with your loved one in recovery.

Now, if there's a level of concern, the next step is that you're going to want to connect with your primary care physician or an eating disorder specialist. Share with them what you're observing. If they determine a formal assessment needs to be completed, they'll do that. If there is a diagnosis, you'll locate a treatment team and a treatment team for an eating disorder. It's a rather robust group of people. So you're going to have a physician, a registered dietitian, their therapist and preferably folks who specialize in eating disorders.

Beth Ayn ([00:25:52](#)):

And if medication is needed, you're going to have a psychiatrist. If your loved one is diagnosed with ARFID Avoidant Restrictive Food Intake Disorder, often an OT or PT therapist will be recommended as



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well. And again, remember, when you're thinking about these team members, it's a lot of people, again, this is a complex mental illness. There are many layers, there are biological factors, psychological factors and environmental factors that are a part of this that need treatment. So you need a team that can cover all of those bases. Now at the same time that you're pulling your treatment together or you're moving through recovery, I strongly encourage you to take a look at this **six part video series by Dr Elizabeth Easton**. These videos are a true game changer. These videos will help you get grounded and prepared for this journey. If you are already in the throes of this, these videos will empower you to even do a better job of supporting, offering that emotional and practical support that your loved one needs, regardless honestly, of the mental health diagnosis. These videos are appropriate for those who are moving through an eating disorder or mood or an anxiety disorder.

Treatment

Beth Ayn ([00:27:57](#)):

Now when it comes to treatment, there's a few things I want you to keep in mind. There are some individuals that can move through recovery with an outpatient treatment team. There are some individuals that require a higher level of care. Maybe once, maybe twice, maybe multiple times like my daughter. And this just means that these individuals need a heavier dose of support. When we're looking at these treatment goals, although there's some exceptions to these, eating disorders generally follow this sequence, roughly in this order with some overlap. So you're looking at medical stabilization. Again, eating disorders are life threatening illnesses. Someone dies of an eating disorder every 52 minutes. We want to make sure these individuals are medically stable. They're medically safe. Weight restoration is a part of the treatment goals. And then they'll be taking a look at nutritional management, nutritional stabilization, putting a meal plan in place.

Beth Ayn ([00:29:06](#)):

They're going to be addressing behavioral changes, including interrupting those unhealthy behaviors, bingeing, purging, restricting. They're going to be revisiting social skills, and they're going to be



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addressing emotional regulation. In treatment and recovery, it is important to recognize that **the brain follows the body and healing**. The brain follows the body and **healing food is medicine when it comes to an eating disorder**. And that is for all eating disorders. We know that it takes six months to a year of weight restoration, nutritional stabilization for that brain to fully come back online. We also know that the brain isn't fully developed until the age of 26. So when you have someone, especially a young person in the throes of an eating disorder, cognitive functioning is impaired.

Beth Ayn ([00:30:19](#)):

If Carly was having brain fog, in that state of mind, when you're talking about insight, motivation to change, you're talking about tapping into therapy, it doesn't work well. Initially the body and the brain, they really need to be nourished in food as medicine. So if you can think about it like this; if you can think about two lamps. You have this one lamp and it has this fray brittle electrical cord and you go to plug it into the wall and it takes a while for that current or travel to the light bulb. And once the current even gets to the light bulb, the bulb is pretty dim. You've got this other lamp, and this has a new 18 gauge cord. It's strong, it's sturdy, and you go to plug it into the wall and it quickly supplies the current to light up the light bulb and the bulb this time around lights up pretty brightly. Well, over time when I'm thinking back about where Carly was, as she got healthier, I saw that that cord, that connection got stronger around cognitive function, which also impacted her emotional regulation. So at that point, she was better able to tap into therapy.

Practical Supports

Beth Ayn ([00:32:30](#)):

So, what are some practical supports that we can offer to our loved ones as they're moving through. So there is this article called [Eating Recovery, Caregiver, Dos and Don'ts](#), and it has specific suggestions that can be implemented in the home by way of routine, by way of structure and communication and routine and structure are so important because they equal safety.



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And then of course, keeping that open communication so that you can provide again, that ongoing emotional and practical support. So when we're talking about some of the dos and don'ts, there are a few that I'm going to highlight. One of the things that really comes to mind for me in offering support is this, **avoiding heavy conversations after 8:00 PM** each night. And that sounds like such a simple thing, right? And wow, was that a game changer? Carly and I, by the end of the day, we were so tired and she'd go to school, she'd have a treatment appointment. She did a little bit of homework. Neither one of us were in a space to be able to have a heavy discussion or make a decision.

Beth Ayn ([00:33:26](#)):

And I'll tell you just that one thing alone eliminated so much conflict in our home. Another thing when we're looking at eating disorders is **making that meal plan, eating breakfast, lunch, and dinner, and often for many people moving through recovery, sticking to that snack schedule was imperative. That was a top high priority.** Something else that comes to mind when I'm looking at this is realizing that was something that Carly never engaged in prior to her eating disorder, that was part of her eating disorder behavior. And that was a result of shame and guilt, and the fact that she had engaged in some behaviors that she normally would not have participated in. And the other thing I want to mention is **separating out the eating disorder from your loved one.** So when I was working and supporting Carly at times, I was like, gosh, am I talking to, am I working with, am I connecting with the eating disorder that's sitting on that shoulder of hers? Or am I, am I talking to the Carly that I've known from way back when, or am I talking to the Carly who developmentally should be acting this way? So there's a lot for caregivers to have to tease out when we're supporting. Two things that all of you all can do right now is be **MINDFUL OF YOUR CONVERSATIONS, AVOID DIET AND WEIGHT TALK.**

Beth Ayn ([00:35:44](#)):

The other thing I would recommend is **PRACTICE GIVING COMPLIMENTS THAT DON'T INVOLVE APPEARANCE start focusing on those personal qualities,** things that you would value and admire in your loved one. Talk about boosting self-esteem.



School Setting Support

Support in the school setting, you may be needing to either look at getting a 504 plan or your loved one might qualify for an IEP. There are a number of accommodation modifications that can be put in place in the school setting. We want to get our kids to school. We want to keep 'em there. We want them to be successful. So we have to keep in mind, they're moving through recovery. And in addition to that, they've got a lot of additional expectations placed on them because they have to see treatment providers in the afternoon. So in order to help them keep pace with their peers, you might end up looking at doing something along the lines of **extended time for makeup assignments**. By the time Carly finished her day at school, she went to her treatment appointment. We got home and we ate, she was exhausted. So she had the weekend to be able to make up any assignments. During the day, discussions, conversations in the hall, just the sheer number of kids could be rather trigger for her. There were those occasions where her anxiety was dialed up. There were those occasions where the eating disorder thoughts were just so heavy that she needed to be able to leave the classroom. So she had a **pass that allowed her to either check in with the, um, the school nurse or to go straight to the school counselor, where she could pause and pull herself together and then be able to return to class**. It could be for some of your loved ones because of their **meal plan. They need to be allowed to eat and drink during the school day. We had approved locations and times for Carly, so that she could make sure that she was able to follow that meal plan**. Last thing I want to mention for some of our loved ones, they need so much structure and support around lunch that they really need either **someone in the school to be able to sit with them, monitor their lunch or they need a family member to come up and spend some time with them at lunch to make sure that they complete their meals**.

Beth Ayn ([00:38:45](#)):

So it's those types of things you'd want to consider to put in a 504 plan or an IEP plan.

The National Alliance for Eating Disorders created letters for parents and guardians to keep diet culture out of the classroom. So in some schools they require weigh-ins. In some schools, the teachers will require assignments, that are around good foods, bad foods, and some schools have this food police



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type of setup in the cafeteria. Now they have created these letters that you can tailor to meet your own needs that you can share out in your school setting.

Beth Ayn ([00:39:50](#)):

And then the last thing that I want to mention, some of you may be looking for some scripts, some ways to better communicate when you realize that your loved one is experiencing a slip or a hiccup in recovery or a lapse. And these particular scripts I found to be useful because they are non-judgmental, they're non threatening. They come from a place of love and concern. I'll share three of these. So one script might, go along or sound something like this, you know, Carly, I'm wondering if you're struggling with some negative self talk. I'm noticing that you have some new marks on your wrist. Or it could be a script that goes something like this. You know, I'm wondering if there's something that's been stressing you out lately. I notice that the scale that we put away, it's back in your bedroom and it's in your closet. So I just want to check in with you around that. It could be this third script Carly, I'm thinking I need to do a better job right now, supporting you. You know, we're sitting here at the table, you're pushing your food around your plate, and you're not completing the meal.

Resources

So, with that, there are a number of additional resources and I'm going to start off by saying, The [National Eating Disorder Association](#), they have a parent toolkit, educator toolkit, coach toolkit for you all to at no cost, be able to download.

Beth Ayn ([00:41:47](#)):

[Feast](#) is another organization. Although it's international, we in the states can tap into what they have to offer. I would highly suggest that you seek out these books: ,[The Eating Disorder Trap](#), is my go-to. If you're just starting this journey, [Loving Someone with an Eating Disorder](#) by Dana Harron. If you're supporting, an adult, an emerging adult, get that book [By Their Side: A Resource for Caretakers and Loved Ones Facing an Eating Disorder](#) by Lara Lyn Bell. And then this website: [Eating Disorders From the Inside Out](#).



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Q&A

Amy O. ([00:45:50](#)):

Thank you very much. We're going to dive right in here, Beth Ann. So why don't we start with a couple that have come in from people attending today?

What if our loved one doesn't have all the symptoms that you listed? How many do I need to look for in order to be concerned or seek help?

Beth Ayn ([00:46:30](#)):

Yeah, what a great question. I'm going to start off by saying, I always err, on the side of safety. So if intuitively you feel like there is an unhealthy relationship with food and or exercise, to really seek out an eating disorder specialist in your community and get feedback from them. Oftentimes it's based on frequency, duration of the behavior. Again, it's that shift in attitudes and behaviors that I talked about earlier. And so you want to be proactive. That's what I wish I would have been. I didn't know what to look for. And so I could have gotten a jump on this. So in my opinion, disordered eating can be just as threatening to our individuals as an eating disorder, because it really interrupts their ability to fully engage in life.

Amy O. ([00:47:36](#)):

Yeah. And you know, one of the things that my daughter described is that the monster of the eating disorder, that, of course she named Ed. Only gets bigger and bigger and takes up more and more of your brain. So if you think that there is a possibility that disordered eating could be leading to a more severe eating disorder, know that in their brain, it's important to get there fast, cuz this is a mental illness and it is one that is extraordinarily hard to treat. So I agree with what you said. I think that's good advice.



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What do we do if our child is over 18 and doesn't want to get help? Doesn't want to know if there's an eating disorder or recognize that there's a problem how do we handle that?

I've said many times I'm, even though I'm not grateful that she got sick when she was as young as she was, it does make it easier when you have control or some control over helping them.

Beth Ayn ([00:48:54](#)):

There are some individuals who really don't recognize that they have an issue, that there is a reason for concern that they are engaging in unhealthy behavior. So that's the first off. The second thing, as I mentioned earlier, if they've been in, in the throes of malnutrition or nutritional instability for a period of time, their cognitive functioning, their brain has been hijacked. So when you think that you're able to sit down and have this rational conversation with them, they're really truly challenged, having a difficult time connecting with what you're saying. And so sometimes, just to even bring it to their awareness, some of those, scripts that I mentioned, at the end of the presentation where you just bring it to, to their attention, you know, I've just been noticing lately that, you know, you haven't been as engaged with your friends, or I've noticed that you haven't seemed as excited about your schoolwork as you used to be. So pointing out things initially and then possibly suggesting to them, you know, I'm wondering if there's just something going on that our general practitioner could pick up on to help you feel maybe just a little bit more connected, feel a little bit better about yourself because chances are either physically, emotionally, mentally, they do realize they might be a little off. So to answer that question, what is the leverage? That's the question? What leverage do you normally use?

Amy O. ([00:51:13](#)):

Does it make sense to encourage a young woman or man to seek some counseling support, some help with their mental, emotional wellbeing so that then they can access the potential of discussing the eating disorder?

Beth Ayn ([00:51:35](#)):



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Yeah, exactly. Amy, you were reading my mind. Yeah, because that is not as threatening. I spent a lot of time on college campuses and mental health is out there. Kids are talking about it, they're wanting to support each other. The number of influencers that kids are following now. So getting in maybe to address that mental piece, possibly the anxiety and the depression that would be a foot in. And then the other thing be just due to time, I would encourage you all to, to join one of those caregiver support groups, because that's where you can get a lot of great ideas.

Amy O. ([00:52:28](#)):

That's a good idea. And you know, it reminds me that I wanted to say something briefly and that was that neither of us underestimate how difficult and exhausting and terrifying it is to support a loved one who has an eating disorder. So while Beth did such a good job sharing a lot of ways in which to do that and ways to engage, help, you know, and be helpful, we do not in any way underestimate how terrifying or scary it is. And so I agree with you reaching out to those support groups is really important. That leads me to the next question, actually.

What if my teen is depressed and I'm scared to confront them about an eating disorder because they've talked about suicide and I don't want to push them over the edge?

Beth Ayn ([00:53:43](#)):

I would suggest reaching out to an eating disorder specialist as a parent for yourself to get support on how to navigate that discussion. The other thing I would suggest, there is also an incredible book specific to depression, it's called the [No Bullshit Guide to Depression](#). I can't tell you how many parents say to me that it was one of the best books they've ever picked up and read to help support their loved one, as they were navigating depression and to help get them to treatment. And then Amy, as you mentioned, once you get to a therapist, then they can pick up from there and address the eating disorder. If that's something that needs to be talked about,

Amy O. ([00:54:56](#)):



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How do you screen a pediatrician or a primary doctor to determine if they truly understand eating disorders? Like what would be some questions that you would ask?

Beth Ayn ([00:55:11](#)):

When I initially was seeking out treatment, the first thing I asked the specialist was, what are the latest books you've read? And what conferences do you attend that you would recommend to your colleagues? And that was an eye opener for me. Of course the other thing to ask them is what type of training do you have and how frequently do you attend ongoing training as well? And it's also about the therapeutic relationship too. So you might have someone who is highly trained, but they still might not be the right fit for your loved one. So keep that in mind as well.

Amy O. ([00:56:17](#)):

In all honesty, I never felt as though my daughter's pediatrician understood any of it. I think just frank conversation again, is the way to get to it. We have a couple other questions that have come in.

Can you share a little bit about how stressful times like the world at large can contribute to an increase in eating disorders? And to my mind, this ties in with, you know, why is an eating disorder such a serious mental health issue?

Beth Ayn ([00:57:22](#)):

There are many layers to an eating disorder. So I mentioned this before, there are biological factors and that includes your genetics, the dieting, the puberty, right? And all those changes that take place during that time, then you're looking at psychological factors and that includes those co-occurring illnesses and trauma. And that can include microtraumas as well, abuse and stress. Because remember what I mentioned earlier are many people who are struggling, they're super feelers. So they are feeling their emotions. They're feeling the emotions of others, very strongly. It's just like oozing out of them. If you will. They're like sponges. The other layer to this is the environmental or socio cultural environment. And that's that messaging that we're getting around, appearance standards, weight based comments and messages from social. So that speaks to the complexity. It's not just one thing, right? It's a complex



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interplay of these factors. And so when you are isolating from others, that sure gives you a lot of time to think. And if you are genetically vulnerable, if you have the temperament, these personality traits, wow. You start really going for many individuals to a really negative space and you start thinking things that get magnified. And then because of the number of layers, the contributing factors, maintenance factors just set in and it snowballs.

Amy O. ([00:59:36](#)):

The words that you used, maintenance factors, I guess I might use the words like, you know, control factors or some way to ease the sensations with which you are uncomfortable, right. That can lead to disordered eating and control over your eating. And, and it's really complicated, but I think that does explain why particularly stressful times can see an increase. There are a couple more questions from the audience that I want to get to.

Are there other ideas of ways to support school outside of an IEP or a 504?

And one of the things that comes to mind for me that was really, really helpful with my daughter. And I was lucky in that I took a leave of absence from work. And so I was able to do this, but part of her 5 4 was that she came home and, and ate her lunch at home every day, which was necessary for her to get the nutrition she needed, but also gave her a break from having to navigate school, which was extraordinarily difficult. That's one that came to mind for me. We also kept snacks in the nurse's office so that when she needed to re-nourish or just take a break, she could do that in the privacy of the nurse's office.

Beth Ayn ([01:01:11](#)):

And having that pass to be able to go to the nurse's office. And I always preferred the nurses' office because your school counselors are not always available. I think there are some schools, outside of a formal 504 plan or an IEP, there are some schools that will sit down and you talk to them, you share out with them, the treatment teams recommendations, they are willing outside of a 504 plan or an IEP to be able to put some things in place. You don't have to have a formal 504 plan. For example, like Amy, you were suggesting to be able to have your kid come home and eat with you or for you to go up to the



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school and have lunch with them, or for a staff member to say, Hey, during my planning period, Carly can come in and have her lunch with me and bring a friend.

Beth Ayn ([01:02:17](#)):

So it doesn't need to be that formal. There are some things like if you are looking to have them pull out of a health class or a PE class, that's a whole different ball game, because I know in the state of Virginia, it is required that they participate and attend PE. Now we were a little flexible on the health lessons, but actually being a part of PE class was something we had to figure out. So what we did is we set something up in the summertime that was a little bit more flexible so that she could engage in yoga. I think it's just, again, having that honest conversation with the school about what's going on and making sure you have documentation from your treatment team is rather helpful if you're willing and able to do that.

Amy O. ([01:03:20](#)):

I would like to end with a little bit of hope because this is a really heavy topic and it's a really frightening topic, but I think Beth Ann and I both are testament to the fact that there is recovery available. Recovery is possible. It's not linear by any stretch of the imagination, but I think we need to leave people with the knowledge that there are resources out there to help. So before we log off, I just want to thank you so much for bringing this important and amazing conversation to our community. It means the world to me. And I know it means the world to the CATCH team, too.

Beth Ayn ([01:05:09](#)):

Thank you so much. It was such an honor to be with you all today. Thank you.