

WEBVTT

1 "Allender, Lauren" (145831680)

00:00:00.953 --> 00:00:23.899

Welcome and thank you for calling into Cigna's 2024 eating Disorder awareness series. My name is Lauren Allender and I'm a case manager for the eating disorder team. Due to the format of this call, you will not be able to ask questions during the teleconference. The conference will be opened up for Q and A at the completion of the presentation, although you do have the option.

2 "Allender, Lauren" (145831680)

00:00:23.899 --> 00:00:46.460

Of submitting questions during the teleconference. You can follow along to the presentation through the teleconference. You can also access the presentation for today's seminar online@www.cigna dot com/ eating disorders. Scroll to the current topic section in the middle of your page and click on today's topic labeled, the dreaded seaword in eating disorder treat.

3 "Allender, Lauren" (145831680)

00:00:46.460 --> 00:01:06.510

And compassion. Please note that not all policies cover today's topic. For more specific information, if your policy covers topics discussed in today's seminar, please contact the eating disorder team by calling the number on the back of your insurance card. Today I have the pleasure of introducing Gabrielle Cats.

4 "Allender, Lauren" (145831680)

00:01:06.510 --> 00:01:23.880

Jennifer Forbes and Ashley Balderson. Gabrielle Cats Gabby is the practice owner of the private practice therapy group called Coastal Collaborative Care, which primarily services clients in Virginia, Maryland and DC. She is a licensed clinical social worker.

5 "Allender, Lauren" (145831680)

00:01:23.880 --> 00:01:43.880

National Association of Social Workers Virginia qualified supervisor, and certified Eating disorder specialists and approved consultants through the International Association of Eating Disorder Professionals. Since 2014, Gabby has worked with clients in eating disorder higher level of care treatment settings including inpatient, partial hospitalization.

6 "Allender, Lauren" (145831680)

00:01:43.880 --> 00:02:07.130

Programs and intensive outpatient programs. Gabby started off as a clinical therapist, moved to a program manager and concluded her time in higher level of care settings as a program director. Gabby opened her private practice in 2020 not only to help clients with the initial

stages of their eating disorder treatment, but to support them long term in maintaining recovery in the real world.

7 "Allender, Lauren" (145831680)

00:02:07.130 --> 00:02:27.290

In her therapeutic work, Gab Gabby practices from a health at every size lens and uses elements of trauma interventions such as IFFS, EMDR, compassion work and flash technique. Gabby believes the therapeutic relationship is the most important part of therapy as well as seeing all clients.

8 "Allender, Lauren" (145831680)

00:02:27.290 --> 00:02:45.660

Behavior through a trauma informed lens. Jennifer Forbes, who goes by Jen, has their master's in clinical mental health counseling and is a licensed professional counselor in Virginia. Jen works at Coastal collaborative Care as an outpatient therapist in Arlington County as a discharge planner.

9 "Allender, Lauren" (145831680)

00:03:05.660 --> 00:03:24.660

Internal family systems/technique and cognito cognitive behavioral therapy. Jen likes to get creative in her therapy sessions and with her interventions. She uses tangible interventions like cogno cognitive behavioral therapies, thought logs, self south boxes, coping skill lifts.

10 "Allender, Lauren" (145831680)

00:03:24.660 --> 00:03:42.720

And journal prompts for additional self reflection. Jen believes the client is the expert in their own life, and due to this she uses a person centered approach in her work. Ashley Bolderson is a registered dietician nutritionist who specializes in treating individuals with eating disorders.

11 "Allender, Lauren" (145831680)

00:03:42.720 --> 00:03:59.820

Ashley received her BS in nutrition and dietics from the University of Maryland and completed her dietic internship with the University of Maryland Medical Center in Baltimore Maryland. Ashley began working with the eating disorder popul population in 2019 where she developed a passion for this field.

12 "Allender, Lauren" (145831680)

00:03:59.820 --> 00:04:16.560

Ashley has experience working in the partial hospitalization, intensive outpatient and outpatient levels of care treating adolescents and adults. Ashley is currently working at Pinny Davenport nutrition private practice, and is licensed in DC, Maryland and Virginia.

13 "Allender, Lauren" (145831680)

00:04:16.560 --> 00:04:34.243

Ashley uses an anti diet and weight inclusive approach. She is passionate about helping others develop a positive relationship, a positive relationship with food during the recovery journey. Thank you and welcome to Gabby, Jennifer, and Ashley. Thank you.

14 "Gabrielle Katz" (4054828544)

00:04:34.243 --> 00:04:51.509

Thank you so much. I always forget like how long those BIOS are and I'm like, ok, enough about us stop talking about us. But, thank you so much for introducing us and having us on here to talk about the dreaded sea word in eating disorder treatment.

15 "Gabrielle Katz" (4054828544)

00:04:51.509 --> 00:05:11.509

Compassion. So real quick, we, are having one of the Webex facilitators change our slides for us, so you're gonna see and or hear us say a lot of, on the next slide and that's our, our cue for them to change it. So just give everyone a heads up about that. So we can proceed to the next slide on that note.

16 "Gabrielle Katz" (4054828544)

00:05:11.509 --> 00:05:31.509

So today what we're gonna go over is different types of negative self talk to start. So really more diving into what is negative self talk? Why do we do it? And then kind of going moving towards kind of what we come back negative self talk with.

17 "Gabrielle Katz" (4054828544)

00:05:31.509 --> 00:06:01.699

Compassion and especially self compassion. What is it? And then how to implement it for ourselves. So we can go ahead to the next slide. And let's just start off 1st and foremost with thinking about how we talk to ourselves. So for those participating or those, watching the recording, I want you to think about how you would talk to yourself if these things were to happen to you, ok?

18 "Gabrielle Katz" (4054828544)

00:06:01.699 --> 00:06:25.279

So, how would you talk to yourself if you lost something, if you were running late? If you felt behind on work, if you failed to test or feel like you didn't study well for a test, got into an argument with somebody and you.

19 "Gabrielle Katz" (4054828544)

00:06:25.279 --> 00:06:56.309

You didn't like how you felt about it or you didn't like how you, you were getting your point across it like didn't feel like it was coming

out right. If you felt like something was your fault, let's do some recovery focused ones. What about if you're really recovery focused, but you had a lapse? Or even the eating disorder voice and how that talks, right? So let's say you are.

20 "Gabrielle Katz" (4054828544)

00:06:56.309 --> 00:07:14.399

Facing a fear food or, you know, you're, you're being told by a dietician you have to gain weight. You know, these are things that can be helpful to start thinking about, of how we talk to ourselves.

21 "Gabrielle Katz" (4054828544)

00:07:14.399 --> 00:07:34.399

So typically, if we were to say, ok, answering those questions and kind of thinking about how we talk to ourselves, typically it's some of the things I've listed on this slide. I should have done this. I'm so stupid. This is my fault. I'm never going to dot. I can't believe I.

22 "Gabrielle Katz" (4054828544)

00:07:34.399 --> 00:07:55.399

Did that. And truthfully, I'm pretty sure that our negative self talk is a lot more intense, offensive, and has harsher language than this. This is probably like a G rated version of what we typically say to ourselves, you know, especially with recover, like eating disorder thoughts. I'm never going to.

23 "Gabrielle Katz" (4054828544)

00:07:55.399 --> 00:08:19.879

Recover, this meal is going to hurt me and even more drastic language that can come with fighting that eating disorder. So just trying to kind of get our juices flowing as to what are we talking about here when we talk about negative thoughts? And so on the next slide, Jen is going to explain how these thoughts are so.

24 "Gabrielle Katz" (4054828544)

00:08:19.879 --> 00:08:26.501

Like normal that so many people do it, that there's actually categories and names for them.

25 "Jennifer" (3958436608)

00:08:26.501 --> 00:08:45.829

Thank you so much Gabby, for that introduction into what we'll be exploring during this presentation, as well into as well as into some of these themes of negative thought patterns. So yeah, cognitive distortions, what are they? They're an exaggerated pattern of thought, usually not based on fact, right?

26 "Jennifer" (3958436608)

00:08:45.829 --> 00:09:14.179

Right, their distortions that are tendencies or patterns of thinking

or believing that are false and inaccurate. And they have the potential to cause psychological damage. Everybody deals with cognitive distortions as part of the human experience, and these cognitive distortions typically happen when we're feeling down. Gabby kind of already gave a little bit of an intro into what some of these cognitive.

27 "Jennifer" (3958436608)

00:09:14.179 --> 00:09:34.179

Distortions might sound like, but some other common examples are all or nothing thinking, so the I'm never gonna recover or I'm always gonna have the eating disorder or I'm always gonna hate my body. Typically the eating disorder voice has an all or nothing thinking, right? That the clients are really trying to challenge.

28 "Jennifer" (3958436608)

00:09:34.179 --> 00:09:50.189

Over Generalization is another common example of a cognitive dissortion disqualifying the positives so Gabby gave a great example earlier about a client maybe challenging a beard food they have and and maybe their.

29 "Jennifer" (3958436608)

00:09:50.189 --> 00:10:10.189

Successful at it, but instead of being able to see the positives like they were able to take a bite of something that was really challenging for them, they, insist that the positive qualities or things that are going well don't count. Jumping to conclusion, catastrophizing, minimizing kind of like the example I just gave.

30 "Jennifer" (3958436608)

00:10:10.189 --> 00:10:28.679

And then mental filtering are all common examples of cognitive distortions that we all deal with, but folks with eating disorders deal with, a lot of the times in higher numbers. On the next slide, I'm gonna be talking a little bit more just about kind of.

31 "Jennifer" (3958436608)

00:10:28.679 --> 00:10:48.679

What they are, right? So their biased perspectives that we take on ourselves in the world around us. Again, like I'd mentioned, they're irrational thoughts and and beliefs that we unknowingly reinforce over time. And we'll talk more about this later, but, you know, basically how we talk to ourselves matters, right? Like our thoughts.

32 "Jennifer" (3958436608)

00:10:48.679 --> 00:11:08.679

And our thought patterns are hardened over time, so the more we engage and give space to the cognitive dissortions, the more we like believe and those things become our belief system. These dissortions in our

thinking are often subtle, so it's sometimes hard to challenge them because they're kind of our regular everyday way of thinking. But these dissort.

33 "Jennifer" (3958436608)

00:11:08.679 --> 00:11:26.874

Questions have been shown to relate positively to symptoms of depression, meaning that where we see cognitive distortions, symptoms of depression are also likely to occur. In the next slide, Gabby is gonna highlight the why behind why we speak to ourselves this way.

34 "Gabrielle Katz" (4054828544)

00:11:26.874 --> 00:11:46.099

Alright, thanks Jen. So, we have heard how they sound negative thoughts is what I'm talking about. And we've understood that they're so common that, you know, they have labels and names and categories. So, why, why do.

35 "Gabrielle Katz" (4054828544)

00:11:46.099 --> 00:12:09.829

We talk to ourselves this way, you know? And so, the 1st thing I want to say is that this list is not all inclusive. I mean, there are lots of reasons we do what we do and we can't name them all, but we have narrowed them down to these three points that I'm I'm gonna talk about. So the 1st one is it's evolutionary. So when we think about even cave people.

36 "Gabrielle Katz" (4054828544)

00:12:09.829 --> 00:12:28.559

Right? Human beings live in a hierarchical, social group, right? So those who are dominant stay in the group, but those who accept their subordinate status also stay in the group. They know their place.

37 "Gabrielle Katz" (4054828544)

00:12:28.559 --> 00:12:43.919

So we don't want to be outcasted. We wanna stay in our social group. We need to have connection, we need to have safety. And so to help us stay alive and connected in the group, you know, we need to know our place.

38 "Gabrielle Katz" (4054828544)

00:12:43.919 --> 00:13:03.919

In that group per se. So that's kind of an evolutionary standpoint of it. The 2nd point is adaptive responses or protective parts. So this is looking at it from more of a trauma informed lens. So depending on how someone grew up due to the.

39 "Gabrielle Katz" (4054828544)

00:13:03.919 --> 00:13:31.019

Their family systems, social interactions, whatever it maybe, they had

to adapt and survive. We have had to adapt and survive. Sometimes we adapt in ways that hurt ourselves, and it's to protect ourselves. And this is where self criticism and negative self talk come from. So, in a therapy, therapeutic modality called internal family systems.

40 "Gabrielle Katz" (4054828544)

00:13:31.019 --> 00:13:51.019

There's something called protected parts. So in a really quick, quick, quick summary, IFS believes internal family systems, IFS, believes that we have parts. We have protective parts and we have exile parts. Exile parts are.

41 "Gabrielle Katz" (4054828544)

00:13:51.019 --> 00:14:15.829

Our wounded parts that we are trying to protect, protective parts are the parts that protect us. Those parts are divided into two categories. Managers who help manage our day to day life to try and protect our wounded parts, our traumas, our triggers from being triggered, and our firefighter parts are the ones.

42 "Gabrielle Katz" (4054828544)

00:14:15.829 --> 00:14:38.689

Does that come in and put out the fire if our managers can't hold down the fork basically. So, with that little kind of introduction to IFS, what we're talking about with self criticism here and negative self talk is a manager part. This is the part that is on all day, every day.

43 "Gabrielle Katz" (4054828544)

00:14:38.689 --> 00:14:59.099

It is the part we learned to need to survive. We learned to protect us. Our self critic helped us prepare for whatever negativity was coming our way from someone else in our life. So I'll give two examples. One example is if you grew up.

44 "Gabrielle Katz" (4054828544)

00:14:59.099 --> 00:15:19.099

In a household where you were scolded or punished for bad grades or not doing well in school, right? Then any time that you're in college and you're having a hard time studying or you feel like you're not gonna do well in a test or you're at work and you feel like you're pro product.

45 "Gabrielle Katz" (4054828544)

00:15:19.099 --> 00:15:50.029

That Productivity isn't at a perfectionistic level, you're gonna start talking negatively to yourself, calling yourself dumb and stupid and I should have known better and worse. Okay, so, so we're saying these things to ourselves to protect ourselves because if I don't say it, somebody else will, and if somebody's gonna say it to me anyway, I

beat them to the punch, right? Now let's even do kind of potentially an eating disorder one, right? Where let's say.

46 "Gabrielle Katz" (4054828544)

00:15:50.029 --> 00:16:11.449

We're gonna use a female identifying person in this, in this example. Let's say a woman lives in a larger body and her mother diets and talks negatively about herself all the time. Her friends were always picking on her for being the biggest one.

47 "Gabrielle Katz" (4054828544)

00:16:11.449 --> 00:16:29.279

In the friend group. And then of course, you know, she's growing up with social media and the media is showing everything about being in a thin body as ideal. So she learns to talk negatively about herself and the things she eats and her body image.

48 "Gabrielle Katz" (4054828544)

00:16:29.279 --> 00:16:48.179

Because that's how she has learned to live in this system, right? That's how she's protecting herself. If I talk negatively to myself about this, again, I'm gonna get there before somebody else does. I already know what they're going to say. So she would talk negatively to herself.

49 "Gabrielle Katz" (4054828544)

00:16:48.179 --> 00:17:08.179

If she feels like she's unfortunately gaining weight, that would be something that would happen for this person, even though gaining weight's not a bad thing. She would talk negatively to herself if she was eating a unhealthy food in diet culture lens, and, and she just learned to speak this way to herself.

50 "Gabrielle Katz" (4054828544)

00:17:08.179 --> 00:17:32.279

Of Due to her environment and did it or does it to protect herself from the unexpected. So, basically, it's a learned thought process that has kept kept us safe. It was adapted in a way to be, help us prepare for previous environments and continues on in, in our current environment.

51 "Gabrielle Katz" (4054828544)

00:17:32.279 --> 00:17:52.279

Even if we don't need it to survive anymore. And so that brings me to the last point point, is generational influence. So throughout this, presentation, I'll be talking a lot about somebody named Kristen Neff. So Kristen neff.

52 "Gabrielle Katz" (4054828544)

00:17:52.279 --> 00:18:12.279



F is a pioneer researcher and teacher on self compassion, a thought leader when it comes to self compassion. So a lot of the elements we'll be talking about, some of the quotes I'll be reading are, are gonna be from her. And I wanna 1st and foremost acknowledge that. So to help.

53 "Gabrielle Katz" (4054828544)

00:18:12.279 --> 00:18:29.519

With the generational influence, I'm gonna read a quote that she has in one of her books that I think just really explains this well and and honestly why reinvent the wheel and try and come up with something else to say. So I'll just read her quote.

54 "Gabrielle Katz" (4054828544)

00:18:29.519 --> 00:18:49.519

Okay, Pain and dysfunction get passed down from generation to generation, a mixture of genetic inheritance and environmental circumstances ensure that our lives unfolds accordingly to a complex web of conditions that is in.

55 "Gabrielle Katz" (4054828544)

00:18:49.519 --> 00:19:12.409

Definitely larger than ourselves. So a mixture of genetic inheritance and environmental circumstances. It is generational. Pain and dysfunction is passed down from generation to generation. And with all that being said, there's a 2nd part of this quote that I'm just gonna quickly say cause.

56 "Gabrielle Katz" (4054828544)

00:19:12.409 --> 00:19:32.409

Gonna dip our toe into this seaword compassion, and so I'm going to say the end of that, that quote just to kind of, you know, for a teaser of what's to come, if you will. And so Chris Enoughf says the only way to stop the vicious cycle of reacting to pain by causing more pain is to step out.

57 "Gabrielle Katz" (4054828544)

00:19:32.409 --> 00:19:53.697

Out of the system. We need to let our hearts fill with compassion. So before we get to that, Ashley will be discussing another reason we might negatively self talk, and it's another way that we think negative self talk can actually help us. And she's gonna do that on the next slide.

58 "Ashley Balderson, RDN, LDN" (2605137664)

00:19:53.697 --> 00:20:16.429

Yeah, thank you so much Gabby. So, does negative self talk improve motivation, right? This is a very common belief Many people believe that negative self talk is motivating. I know Gabby gave a lot of different examples of what negative self talk might look like, right?

And so the fear is often if I don't criticize myself, I won't be motivated to change, right?

59 "Ashley Balderson, RDN, LDN" (2605137664)

00:20:16.429 --> 00:20:36.429

But in reality studies show that self criticism leads to a negative view upon's own potential, or a low self efficacy, right? So these individuals who engage in negative self talk are actually less likely to recover from a setback, less likely to succeed after a failure. So I think Gabby.

60 "Ashley Balderson, RDN, LDN" (2605137664)

00:20:36.429 --> 00:20:57.949

Mentioned, the exam one example of like taking an exam, right? So maybe, maybe some of you can relate to this, you know, when you were in college or, or an exam for your career, right? So let's say you have three chances to take this, take this exam and you fail the 1st time, right? There are two routes you can take there when you're talking.

61 "Ashley Balderson, RDN, LDN" (2605137664)

00:20:57.949 --> 00:21:20.279

Good to yourself. You can say, Oh I'm so stupid, how can I do that? I'm never gonna pass this exam, right? So that's, that's an example of, you know, criticizing yourself and having a negative view of your own potential, right? To then pass that exam versus, you know, and, and we'll talk more about what self compassion looks like, but versus taking a more self compassionate route and saying.

62 "Ashley Balderson, RDN, LDN" (2605137664)

00:21:20.279 --> 00:21:40.279

Hey I'm human, you know, I have two more times to take this exam. I can still study more for this, you know, I know what I need to work on, and therefore, you know, believing that you can do it, right? Those who engage in self compassion tend to believe they have a greater potential to grow, right? And then that in turn leads to a greater self improvement. So a quick.

63 "Ashley Balderson, RDN, LDN" (2605137664)

00:21:40.279 --> 00:22:03.349

Like food related example could be, you know, let's say someone, and this, this is something we see a lot in the onset of eating disorder development or, you know, those who maybe already have eating disorders, you know, let's say someone decides or or feels that they're not eating enough vegetables, ok? You know, instead of saying, ok, you know, I'll just.

64 "Ashley Balderson, RDN, LDN" (2605137664)

00:22:03.349 --> 00:22:29.989

Let me find some vegetables I really like. Like a lot of people, you

know, struggle with getting enough vegetables. You know, a negative an example of negative self talk that the person hopes will motivate them could be, oh my god I can't I can't believe I'm not getting enough vegetables, like, you know, everyone needs more vegetables than I do, right? That's not gonna motivate the person to want to eat more vegetables. Ok, so on the next slide, Jen is gonna highlight some characteristics of individuals with eating.

65 "Ashley Balderson, RDN, LDN" (2605137664)

00:22:29.989 --> 00:22:37.490

Disorders, they will start to paint the picture of why these individuals do tend to struggle with self talk. Negative self talk.

66 "Jennifer" (3958436608)

00:22:37.490 --> 00:22:55.909

Thanks so much Ashley. Yeah, so I want to spend a little bit of time talking about the characteristics of someone with an eating disorder because, we do see higher levels of negative self talk and self criticism and lower instances of self compassion or the ability, right, to practice self.

67 "Jennifer" (3958436608)

00:22:55.909 --> 00:23:15.909

Session with someone navigating and eating disorder. So the 1st piece of being perfectionism, right? And this can kind of be tied to what Ashley just talked about with like them using criticism to motivate, right? So perfectionism is the desire to appear or be perfect.

68 "Jennifer" (3958436608)

00:23:15.909 --> 00:23:39.949

We see with clients with eating disorders holding themselves to a really high standard in regards to what they're eating, you know, their diet, calorie counting, shape, like Gabby kind of talked about earlier from the diet culture lens, good foods and bad foods. And so there's really this like perfe.

69 "Jennifer" (3958436608)

00:23:39.949 --> 00:24:01.109

Actionistic drive to like do the right thing or drive to achieve perfection, whatever that looks like for them, and to maintain their eating disorder. Someone with an eating disorder may also deal with harm avoidance, right? So harm avoidance is a personality trait or a trait that.

70 "Jennifer" (3958436608)

00:24:01.109 --> 00:24:21.109

Sometimes can develop, that involves anticipating and avoiding risks and threats. People with high levels of harm avoidance maybe more likely to develop a mental health issues such as depression anxiety or obsessive compulsive disorder as, as well as an eating disorder.

71 "Jennifer" (3958436608)

00:24:21.109 --> 00:24:49.229

So as I kind of mentioned, it's characterized by excessive worrying, pessimism, shyness, and being fearful, doubtful, and easily fatigued. We see that harm avoidance is elevated in individuals with anorexia, bulimia, bingeing disorder, and eating disorder not otherwise specified. Avoidance motivation is a drive to not experience a negative outcome, right? So it's the tendency to avoid.

72 "Jennifer" (3958436608)

00:24:49.229 --> 00:25:09.229

Distressing or undesirable outcomes. So there's a lot of avoidance where we maybe using right maladaptive ways of coping or avoiding what's kind of going on. Avoidance motivation has been associated positively with clients who are struggling with bingeing, purging, and restrictive behaviors.

73 "Jennifer" (3958436608)

00:25:09.229 --> 00:25:29.229

As well as bingeing's lacks of abuse, diet pilluse, and like I said restricting. History of trauma is, is an important one. Obviously not everyone with a history of trauma has an eating disorder and not everyone with an eating disorder has a history of trauma, but it is important to make note that.

74 "Jennifer" (3958436608)

00:25:29.229 --> 00:25:49.229

There is a strong correlation between folks who are navigating or dealing with an eating disorder or have a history of an eating disorder, with folks that have a history of trauma. So it's important to use trauma informed care and and Gabby already touched on one, which is IFS and internal family systems. That's a trauma.

75 "Jennifer" (3958436608)

00:25:49.229 --> 00:26:09.889

A model or intervention, but also just having a lens of, you know, like trauma informed care. And then cognitive rigidity, right? Sometimes folks with eating disorders really struggle to be flexible, and there's a lot of rigidity that kind of goes back to the perfectionism to kind of stay in their eating.

76 "Jennifer" (3958436608)

00:26:09.889 --> 00:26:35.339

Eating disorder routines, right? It's really hard sometimes to kind of break that because of this cognitive rigidity that they just may have. I just want to highlight this is not an extensive list of characteristics, and it's not a catch all with everyone in an eating with an eating disorder. However research has shown that some of these characteristics in high numbers present.

77 "Ashley Balderson, RDN, LDN" (2605137664)

00:26:45.568 --> 00:27:02.789

Yeah, thank you Jen. So, and the reason we want to point this out is just to further explain what this population is experiencing physically and mentally, the challenges, the struggles they're experiencing, which can make self compassion harder.

78 "Ashley Balderson, RDN, LDN" (2605137664)

00:27:02.789 --> 00:27:22.789

But very important. So this is also not a comprehensive list of behaviors or the impacts that go along with these behaviors, right? We're just pointing out the heavy hitters. So just to elaborate a little bit when we say restricting, we're talking, you know, restricting coolerk intake or restricting energy intake over a prolonged period of time.

79 "Ashley Balderson, RDN, LDN" (2605137664)

00:27:22.789 --> 00:27:54.169

Right, so continuing to get less energy than the body needs, and therefore the body needing to adapt to that. So I know Gabby talked a little bit about survival adaptations earlier, so especially when we talk about restricting, there are a lot of, survival adaptations that are going on in the body. So really what's happening when someone is restricting for a period of time, whether that's an eating disorder or some other reason that someone's restricting lyric intake, the metabolism slows down and that is in order to conserve.

80 "Ashley Balderson, RDN, LDN" (2605137664)

00:27:54.169 --> 00:28:14.169

Energy, right? So our bodies and our brains are really smart and the body is saying, ok, are we in a famine? You know, we don't know why we're not getting enough food, but we're gonna try to conserve energy as much as possible to do the essential functions of the body. So, some things that are, that occur when the metabolism slows down.

81 "Ashley Balderson, RDN, LDN" (2605137664)

00:28:14.169 --> 00:28:31.019

A muscle breakdown and impaired cardiac function. The heart is a muscle, so that is one reason why there's impaired cardiac function. And then we oftentimes see a low heart rate, which is also called brady cardia, to, to conserve energy.

82 "Ashley Balderson, RDN, LDN" (2605137664)

00:28:31.019 --> 00:28:51.019

There are hormonal impacts when, with restricting particularly reproductive hormonal impacts, and this is because reproduction is not an a life, you know, essential life action, right? So the body does not need to prioritize reproducing when you're not getting enough energy.

83 "Ashley Balderson, RDN, LDN" (2605137664)

00:28:51.019 --> 00:29:19.339

So with these hormonal changes in females, we oftentimes see, a menoria or loss of mental period, and in both males and females, we see bone density impacts, which are not fully reversible and often happen pretty quickly, like they can happen within six to twelve months of, of that restricting behavior, the onset of their restricting behavior. GI complications are digestive complications are another common one that we see.

84 "Ashley Balderson, RDN, LDN" (2605137664)

00:29:19.339 --> 00:29:44.689

I would say nearly every client I've worked with, with a restrictive eating disorder has delayed gastric emptying, so the food's moving slower essentially from the digest through the digestive tract, and this can cause constipation, it can be really uncomfortable, so, so that just kind of paints the picture of, you know, what someone who's restricting is physically going through, among many other things.

85 "Ashley Balderson, RDN, LDN" (2605137664)

00:29:44.689 --> 00:30:11.479

And when we talk about purging, purging can mean many different behaviors, but for this presentation, we're talking about self induced vomiting or laxative abuse. So the main things that happen with purging behaviors especially when they are more severe purging behaviors, dehydration, electrolyte abnormalities, which many of these can be fatal including low potassium, which can lead to heart, heart failure along with.

86 "Ashley Balderson, RDN, LDN" (2605137664)

00:30:11.479 --> 00:30:34.969

Ph imbalance in the blood which can be fatal as well. And then we see some similar and then some different GI complications with purging behaviors. So, you know, they may also these individuals may also experience some of the same ones as their stricting behaviors, but in addition, we see, you know, some less severe side effects like I.

87 "Ashley Balderson, RDN, LDN" (2605137664)

00:30:34.969 --> 00:30:54.969

Acid reflux, and then some more severe side effects like potentially a GI bleed, which can be fetal. So then on the next slide, I'm gonna talk about more how the brain is impacted, and in general how we are, how individuals are mentally impacted by eating disorder behaviors. So again.

88 "Ashley Balderson, RDN, LDN" (2605137664)

00:30:54.969 --> 00:31:21.409

I'm gonna talk about three behaviors here. Of course, you know, there are potentially other eating disorder behaviors, but I'm going to

mention the impact, the mental impacts of restricting, bingeing, and purging. So, the brain has impacted in multiple ways in order to promote survival, especially when someone is restricting caloric intake. So oftentimes what we will see is preoccupation with.

89 "Ashley Balderson, RDN, LDN" (2605137664)

00:31:21.409 --> 00:31:42.139

Food, memory loss, irritability, anxiety or depression increases, isolation, self centeredness. And the reason for many of these behaviors is, again, survival adaptations. If we're not getting enough caloric intake, the brain wants to prioritize, hey, when's the next meal coming? Let's do whatever we can.

90 "Ashley Balderson, RDN, LDN" (2605137664)

00:31:42.139 --> 00:32:06.199

Tend to think about what that next meal is gonna be. So you might have, you know, maybe some of you have seen survival shows that, that have some good examples of this. So like alone, naked and afraid, I know there are a lot of different ones, but one of the main things I remember from those shows is how focused on the next meal, these, these individuals are, you know, I, I know.

91 "Ashley Balderson, RDN, LDN" (2605137664)

00:32:06.199 --> 00:32:36.959

The one, one of these shows I watched, the contestant was like, was talking about what her meal was gonna be when she finally got home. It was a cheeseburger, right? And she just kept talking about that. And then, you know, they're looking at a cricket, like, ok, I need to kill this cricket, this is gonna be, you know, I know there are some contestants who start the show as vegetarians and then they end up eating me because, you know, they want to survive, they need to survive. So, something else that there's a.

92 "Ashley Balderson, RDN, LDN" (2605137664)

00:32:36.959 --> 00:32:56.959

Experiment called the Minnesota Starvation experiment that is a really interesting experiment if you all are interested in, you know, googling this later on to learn more about it. I'm just gonna talk high level about this experiment, but in this experiment, this was conducted in 1944 during.

93 "Ashley Balderson, RDN, LDN" (2605137664)

00:32:56.959 --> 00:33:25.789

In world War two and the purpose of the experiment was to see how individuals and the population was not a diverse population, it was white males, but how these individuals are impacted by starvation, right? And how they're impacted physically and mentally and then how, how to refeed the individual, right? How many calories the individual would need to restore weight and how long that will take. So when these men were being.

94 "Ashley Balderson, RDN, LDN" (2605137664)

00:33:25.789 --> 00:33:45.689

Starved, right? And this was like 15 1600 calories. Now these were, you know, big strong men, but, but, you know, they were still getting food, right? They were not, they were still eating, I think it was two full meals a day. So they of course experienced a lot of the physical impacts I mentioned, but in addition.

95 "Ashley Balderson, RDN, LDN" (2605137664)

00:33:45.689 --> 00:34:05.689

They experienced all of these mental side effects plus others, right? The preoccupation with food, the irritability, the anxiety, the depression. So yeah, you can, you can also think about this as like, you know, when you feel hangry, right? Even if it's been a few hours, you might start to notice some of these.

96 "Ashley Balderson, RDN, LDN" (2605137664)

00:34:05.689 --> 00:34:38.749

And with Benjing and purging, these can also come with some significant mental distress and, so significant distress significant shame, feelings of low self worth, which really starts to show how some of these individuals struggle with negative self talk, right? They believe that, you know, if they criticize themselves for these behaviors, that they might be motivated to change and in reality we don't see that being the case. So on the next slide, I'm going to talk a little bit about we.

97 "Ashley Balderson, RDN, LDN" (2605137664)

00:34:38.749 --> 00:35:02.719

Stigma. So weight stigma is defined as discrimination toward an individual because of their waiter size. So the reason we want to talk a little bit about this is because this is often a factor either in the development of eating disorders or disordered eating behaviors. This is something that, you know, either, you know, our, our clients are experiencing.

98 "Ashley Balderson, RDN, LDN" (2605137664)

00:35:02.719 --> 00:35:26.119

Or have experienced in the past, right? So those who internalized weight stigma, are less likely to seek medical care in the future, more likely to engage in eating disorder behaviors. So, before I go further, I want to explain some examples of how some of you might, might, you know, have seen weight stigma kind of in the real world, right?

99 "Ashley Balderson, RDN, LDN" (2605137664)

00:35:26.119 --> 00:35:47.149

So, think about, airplane seats. Airplane seats are not very weight inclusive, right? They're very small, you know, someone in a larger



body is not gonna feel, be able to sit in an airplane seat comfortably. So another example of weight stigma is maybe assuming certain things about.

100 "Ashley Balderson, RDN, LDN" (2605137664)

00:35:47.149 --> 00:36:05.279

About someone in treating them differently because they are in a larger body, right? So, e.g., assuming someone doesn't exercise because they're in a larger body and then treating them differently because of that, right? In reality, maybe they do exercise, and maybe they don't, but that doesn't mean that there should be weight stigma associated with that.

101 "Ashley Balderson, RDN, LDN" (2605137664)

00:36:05.279 --> 00:36:25.279

So, like I said, less likely to seek medical care in the future if someone feels that they have been stigmatized for their size, and just like negative self talk, weight stigma is not an effective motivator for change. Can weight stigma negatively impact patient care and actually contribute to a greater risk of develop.

102 "Ashley Balderson, RDN, LDN" (2605137664)

00:36:25.279 --> 00:36:46.049

Helping certain metabolic conditions. This is likely because, binge eating and eating disorder behaviors are considered maladaptive coping mechanisms. So what that means is ways to cope with a negative feeling or emotion by engaging in.

103 "Ashley Balderson, RDN, LDN" (2605137664)

00:36:46.049 --> 00:37:06.049

You know, a way to cope that is harmful may might make you feel better, right? Like these these individuals feel better from these behaviors in the moment, but later does not help them, right? So, e.g., there are studies that show that those who are in a larger body and, and have internalized or perceived weight stigma are more likely to engage.

104 "Ashley Balderson, RDN, LDN" (2605137664)

00:37:06.049 --> 00:37:31.207

Of Bingeing behaviors, right? And bingeing behaviors in addition to weight cycling, so excessive weight loss followed by regain, are associated with developing these metabolic conditions like heart disease diabetes, et cetera. So on the next slide, Gabby's gonna talk a little bit about, you know, why not just stay this way and why it can be challenging to get out of this cycle of negative self talk.

105 "Gabrielle Katz" (4054828544)

00:37:31.207 --> 00:37:51.409

Okay, I feel like everyone who's watching and listening is like, ok, I get it, like, but we get it. It's not great to negatively self talk.

Here are all the reasons. It doesn't actually do what we think it does, it stems from surviving and I might not need to survive that way anymore and you know.

106 "Gabrielle Katz" (4054828544)

00:37:51.409 --> 00:38:11.409

Etc etcetera. So I'm hoping this slide is kind of a moot point, but we're gonna share it anyway. One thing I will say about this quote is it does talk about psychotropic medication, and for those that don't know what that is, it's medication that someone takes for mental health conditions, specific.

107 "Gabrielle Katz" (4054828544)

00:38:11.409 --> 00:38:44.660

Specifically for certain, chemicals in the brain to, to help, get them moving in grooves in a way that they're quote unquote supposed to. So, I want to 1st acknowledge and caveat that there is a lot more nuances when it comes to taking or not taking medication. It is not as simple as don't negative self talk, to get off medication or to cure mental health conditions. So, I 1st want to acknowledge that.

108 "Gabrielle Katz" (4054828544)

00:38:44.660 --> 00:39:13.500

On this, we're just using this quote because I think it is actually really beautifully said quote by Kristen Neff to help explain why we have to get off this negative self talk train and because that's a part of it I wanted to acknowledge, it is absolutely ok to take a psychotropic medication and it is a lot more nuanced than having to do with specifically negative self talk in the way we think. So, without further ado, let's read this quote.

109 "Gabrielle Katz" (4054828544)

00:39:13.500 --> 00:39:33.500

Even if we do manage to get our act together, the goal post for what counts as good enough seem always to remain frustratingly out of reach and NO matter how well we do, someone else always seems to be doing it better. The result of this line of thinking.

110 "Gabrielle Katz" (4054828544)

00:39:33.500 --> 00:39:53.370

Is sobering. Millions of people need to take pharmaceuticals every day just to cope with daily life. Insecurity, anxiety, and depression are incredibly common in our society, and much of this is due to self judgment, to beating ourselves up when we feel we aren't winning the game of life.

111 "Gabrielle Katz" (4054828544)

00:39:53.370 --> 00:40:13.370

So goal posts are always moving. We're never gonna feel good enough if we keep going down this cycle of negative self talk. So, what do we do

about this? Well, let's go to the next slide. We learn to become self compassionate. So, 1st let's break it down.

112 "Gabrielle Katz" (4054828544)

00:40:13.370 --> 00:40:38.390

Yeah, ok, so what is self compassion? Let's go even, more simple of what is compassion. So compassion, the root of the word actually comes from a Latin word that literally means to suffer with. So when we want to be self compassionate, we want to suffer with ourself. We want to care for.

113 "Gabrielle Katz" (4054828544)

00:40:38.390 --> 00:41:02.180

Ourself, be there for ourself. So with self compassion, we wanna recognize our own suffering, wanting health and well being for ourself at the same time, and overall treating ourselves the way we would treat someone else. And, and that's basically what I have here on this slide is giving ourselves kindness and understanding.

114 "Gabrielle Katz" (4054828544)

00:41:02.180 --> 00:41:22.180

Understanding that our own problems are just as important and worthy, wanting health and wellness, like I said for ourselves and recognizing our own suffering. So that is what self compassion is. And if we go to the next slide, there is actually a assessment you can take to see how self comp.

115 "Gabrielle Katz" (4054828544)

00:41:22.180 --> 00:41:42.180

Passionate you actually are. I'm not gonna, I was thinking about having everyone like do this assessment, but for sake of time, we're gonna not do that. So what I'm gonna do instead is just explain that it might be helpful to be aware of how self compassionate or not self compassionate you are and the different elements of.

116 "Gabrielle Katz" (4054828544)

00:41:42.180 --> 00:42:02.180

Self compassion that you may want to work on. The scale is called the self compassion scale. There's a short form, there's a longer version, there's all different kinds of versions, and it's broken down into different components. And I'll go into those components in the next slide because they're also the components of.

117 "Gabrielle Katz" (4054828544)

00:42:02.180 --> 00:42:29.030

Different ways to assess and learn how to be self compassionate with yourself. So we'll go ahead to the next slide. Alright, so Kristen Neff, as I've talked about before, it says there are three doorways into being self compassionate. So instead of self criticism or minimizing our pain and suffering, we provide our.

118 "Gabrielle Katz" (4054828544)

00:42:29.030 --> 00:42:50.310

Wells with understanding and kindness. We are gentle to ourselves, ok? So instead of that self judgment, we are gentle, kind. We care, we understand. Instead of isolating, we have to understand that all humans suffer.

119 "Gabrielle Katz" (4054828544)

00:42:50.310 --> 00:43:10.310

Suffering and personal and adequacy is a part of being human, and it's something we all go through. So really understanding that whether it's talking to someone about it, joining a group about it or even just knowing in the world that you are not alone in this. It is helping normalize that.

120 "Gabrielle Katz" (4054828544)

00:43:10.310 --> 00:43:30.950

And the 3rd one is instead of over identification. So instead of suppressing it or exaggerating it, we wanna just be mindful with it. Mindful with our thoughts and emotions. We wanna be present with it. It is what it is. This is what's going on for me right now.

121 "Gabrielle Katz" (4054828544)

00:43:30.950 --> 00:43:46.347

And and so these are kind of the three doorways into self compassion, and this leads us to Jen, who is going to explain how we teach our clients how to be self compassionate with themselves.

122 "Jennifer" (3958436608)

00:43:46.347 --> 00:44:06.710

Thank you so much Gabby. So like Gabby mentioned on the next slide, Yes, there it is. We're gonna be teaching, yeah, we're gonna be discussing, sorry, some ways that we can teach our clients how to get themselves compassion. According to the Acute Center for eating disorder.

123 "Jennifer" (3958436608)

00:44:06.710 --> 00:44:26.710

And severe amount of nutrition, there's significant new research that suggests self compassion yields great benefits for those suffering from eating disorders and poor body image. Self compassion can improve psychological distress, self esteem, self directed hospitality, weight and shape concerns as well as cognitive and behavioral challenge.

124 "Jennifer" (3958436608)

00:44:26.710 --> 00:44:54.980

Challenges with folks with anorexi and belimia. So that's again why we're here because there is this research to show that there is a, a benefit right to this work and it's not just like, oh, be

compassionate like it actually yields amazing benefits. So the three ways we're gonna talk about it today is to challenge those cognitive distortions that we talked about earlier, focus on the eight Cs of self, which is a component of IFS, which we've talked about, internal family systems, and then.

125 "Jennifer" (3958436608)

00:44:54.980 --> 00:45:29.630

Engaging in self care. So on the 1st slide, we're gonna talk about or on the next slide, not the 1st slide, but the next slide, going a little bit into the challenging of the cognitive distortions, three ways that we can start to do this, journaling, so when you're noticing a mood of change in your mood, journaling about what you're thinking and feeling, being curious versus being judgmental, using a thought record, which is a tool in CBT cognitive Behavioral therapy. So when a difficult situation happens instead of being again judgment.

126 "Jennifer" (3958436608)

00:45:29.630 --> 00:45:49.630

Mental, we're noticing what's coming up, we're noticing our unhelpful ways of thinking, we're noticing, hey, that's a cognitive distortion, and then we're working hard to change the perspective to something more realistic. We're reframing, we're asking ourselves, is this a helpful thought or a harmful thought? And then practicing mindfulness. So Gabby just kind of talked about the mind.

127 "Jennifer" (3958436608)

00:45:49.630 --> 00:46:09.630

Awareness. Instead of over identifying, we're just observing, right? We're just focusing in the present moment and noticing the thoughts that are coming up and letting them go. Obviously, a lot of this is easier said than done, but these are three ways to start to challenge those cognitive distortions that we have. On the next slide.

128 "Jennifer" (3958436608)

00:46:09.630 --> 00:46:41.750

It talks about the eight C's of self. So like Abby mentioned in IFS we have protectors, and these are called managers or firefighters and they help protect the wounded parts of ourself. The part that we wanna kind of get better in tune with is our, is our self, right? Or not the part, but like the sense of self. So, internal family system says that the hcs can help us better get in tune with ourself, and the hcs are here compassionate or compassion, creativity, curiosity, confidence.

129 "Jennifer" (3958436608)

00:46:41.750 --> 00:47:01.750

Courage, calm, connectedness, and clarity. I just want to touch on curiosity as I think that this is super important because it's noticing and observing, right? Having curiosity is like reflecting and saying, I wonder what this is trying to tell me versus being

judgmental, right? Or trying to get rid of it. And then obviously come.

130 "Jennifer" (3958436608)

00:47:01.750 --> 00:47:29.540

Passion is important because we just spent 45 min talking about it. But yeah, these are the. So, it is a really great kind of starting point for clients to help better get in tune with themselves. On the next slide, Ashley is gonna talk about giving compassionate. Oh I'm lying I'm lying I'm not ready I'm sorry. Self care is the last one I was so prepared. Self care, also important, right? It's the practice of doing things to take care of your mind by.

131 "Jennifer" (3958436608)

00:47:29.540 --> 00:47:49.540

And soul, engaging in activities that promote well being, and reduce your stress, right? And it's important to notice for, to, you know, kind of take note that like everyone's self care looks different. Something that is relaxing to one person maybe like super stress inducing to somebody else, right? So being kind of.

132 "Jennifer" (3958436608)

00:47:49.540 --> 00:48:09.540

In tune with what actually makes you feel like you're connected and helps you reduce your stress. And so here are just some self care activities that are a good starting point for folks, and something that I work a lot with my clients on is a self care toolbox, right? If I only have one thing that.

133 "Jennifer" (3958436608)

00:48:09.540 --> 00:48:34.095

I do when I'm stressed or I need self care, that's not enough because if I can't do it, in that situation, then maybe I'm feeling distressed, right? So having a toolbox of coping skills, having a toolbox of self care so that I have multiple things that I can choose from. Now we're transitioning to Ashley and she's gonna talk about giving compassionate care to our clients.

134 "Ashley Balderson, RDN, LDN" (2605137664)

00:48:34.095 --> 00:48:54.920

Thanks Jen. Yeah, I really want to emphasize the importance of compassionate healthcare. So in in healthcare as providers, we all know that the number one principle is do NO harm, right? So, an important piece of this is being compassionate. That is, that is part of this principle.

135 "Ashley Balderson, RDN, LDN" (2605137664)

00:48:54.920 --> 00:49:21.500

You know, respecting our clients, being kind to our clients, listening to them, it can be hard as providers to, to not assume that we know

what's best for our clients, right? We may really want to want them to, you know, improve in certain ways or change in certain ways, but we really need to listen to them and treat them with that kindness and care. I like to tell my clients that they are the number, and I think a lot of us say this especially in the eating disorder world, but that.

136 "Ashley Balderson, RDN, LDN" (2605137664)

00:49:21.500 --> 00:49:45.690

They are the number one most important person on the treatment team, right? It's not me as a dietician, it's not Gaby Organ as the therapist, it's the client or, you know, there's generally like a dr. psychiatrist, right? But, another thing that I say is, you know, to my clients is this is a judgment free zone. There's NO judgment. I don't want them to judge themselves in my office. I'm not going to be judging them in my office.

137 "Ashley Balderson, RDN, LDN" (2605137664)

00:49:45.690 --> 00:50:05.690

So individuals who express the compa individuals express that compassion is very important to them when they're seeking medical treatment, right? This is probably not surprising. They will also be more likely to seek conditional medical care, which is important. And healthcare, health care providers modeling this compassion towards our clients can also help them.

138 "Ashley Balderson, RDN, LDN" (2605137664)

00:50:05.690 --> 00:50:18.467

Learn to be compassionate towards themselves, right? So on the next slide Gabby's gonna discuss the importance of giving ourselves self care as health care providers.

139 "Gabrielle Katz" (4054828544)

00:50:18.467 --> 00:50:39.320

Let me unmute myself 1st. So the 1st thing I want to acknowledge about us, as providers giving ourselves self compassion is we can't pour from an empty cup. We have to fill our cup up. This is a metaphorical cup for those that don't know that metaphor, but.

140 "Gabrielle Katz" (4054828544)

00:50:39.320 --> 00:50:57.870

That basically it's saying we need to be taking care of ourselves. And if we don't have our basic needs met, if we are feeling overwhelmed, overstimulated, whatever it maybe, we're not gonna be self compassionate to ourselves because all of our vulnerability factors are increased.

141 "Gabrielle Katz" (4054828544)

00:50:57.870 --> 00:51:17.870

Which means our distress tolerance is decreased. So 1st and foremost,

highly recommend that we all fill up our own cup. Self care, boundaries, having consultation or supervision, having our own therapy, and also pointing out glimmers throughout our day. That's a whole new concept I'm.

142 "Gabrielle Katz" (4054828544)

00:51:17.870 --> 00:51:37.870

Introducing it's through polyvehicle theory. Glimmers are the opposite of triggers. Glimmers are the little things or the big things that we see every day or do throughout our day that bring us connection, happiness, peace, and calmness. So that can be when I walk my dog and I look outside and I or and I'm.

143 "Gabrielle Katz" (4054828544)

00:51:37.870 --> 00:51:57.870

Outside and I see a flower I really like and it just makes me feel really good about, you know, being outside with my dog. So filling up our cup is really vital in being able to handle distress and to have some protective factors as well. And then the last thing I'm going to say is we have to practice what we.

144 "Gabrielle Katz" (4054828544)

00:51:57.870 --> 00:52:17.870

Preach whatever we teach our clients, however we treat our clients, we have to treat ourselves. And to going back to those three doorways into self compassion, we have to normalize, we have to understand that this is part of being a provider, a clinician, whatever we are, that we're human too, we make mistakes, we say the wrong thing.

145 "Gabrielle Katz" (4054828544)

00:52:17.870 --> 00:52:37.870

Thing or if there's something going on in our personal life, kind of knowing that we're not alone. 2nd, we need to talk to ourselves the way we would talk to a client, a friend, whoever it maybe. We need to validate our concerns, we need to support ourselves, treat ourselves with kindness. And.

146 "Gabrielle Katz" (4054828544)

00:52:37.870 --> 00:52:54.960

Then lastly, lastly, we need to remove any amplified exaggerated harsh language or suppression, and we need to ask ourselves, what do I need right now? What do I need right now? What do I want somebody to say to me? And being able to say that to yourself?

147 "Gabrielle Katz" (4054828544)

00:52:54.960 --> 00:53:14.960

And, as we're wrapping up, I have to say Jen and Ashley and I have practiced this presentation like a million times and we like hit the 45 min every time, but we're just talkers I guess when we're actually presenting. So we're gonna wrap up for now. Our next slide is just a



thank you slide and there's resources as well for the.

148 "Gabrielle Katz" (4054828544)

00:53:14.960 --> 00:53:33.780

Those that, I think it's on even after this slide. There's resources if anybody wants to take a look. And I believe we can open it up for questions now.

149 "Allender, Lauren" (145831680)

00:53:33.780 --> 00:53:50.760

Free to use the At this time we do not have any questions, but please feel free to use the raise the hand feature to ask a question live or you can submit your question via the Slido panel to the right of the content screen under the participant panel. We'll allow a few moments.

150 "Allender, Lauren" (145831680)

00:55:49.470 --> 00:56:09.470

And at this time, there are still NO questions, so we'd like to thank you so much for attending and thank you Gabby Jennifer, and Ashley for providing such wonderful information. Again, if you have questions about topics discussed today, please contact the eating disorder team by calling the number on the back of your insurance card.

151 "Allender, Lauren" (145831680)

00:56:09.470 --> 00:56:23.424

And please be sure to mark your calendars to join us on 23 July as we will be discussing supporting through connection. Thank you so much and be well.