



Adolescents and Eating Disorders

strategies for providers and loved ones

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Who I am

- She/her
- Primary therapist at CFC Boise
 - BA: Art and Psychology
 - MA: Counseling
- Former art teacher and case manager
- Experience with SUDS, AUDS, college counseling, and EDs
- **Fun fact:** I have two cats named after psychologists!



Alyee Willets, human, LCPC, CMHC

Objectives

1. Attendees will learn warning signs of adolescents who may be struggling with eating disorders.
2. Attendees will learn various issues adolescents may face that can impact eating disorders.
3. Attendees will be able to identify several ways to better support adolescents as they navigate challenges specific to their stage of life.

Adolescence

- Age 10-19 (World Health Organization)
- Age 10-24 (Sawyer, Azzopardi, Wickremarathne, & Patton, 2018)
- Key period for development of self and identity
- Involved in higher rate of risky behaviors compared to other ages (Reel, 2018).



World events that have impacted this generation

- 9/11
- Legalizing gay marriage
- School shootings
- Police brutality
- Climate change
- COVID-19
- Overturning Roe vs. Wade
- Anti-transgender bills



Eating disorders and adolescents

- Early recognition is associated with better outcomes
- American Academy of Pediatrics recommends screening all pre-teens and adolescents for eating disorders
- Eating disorder treatment admissions among adolescents and young adults have increased significantly since the start of the COVID-19 pandemic

Diagnoses:

Anorexia Nervosa

Bulimia Nervosa

Binge Eating Disorder

ARFID

Pica

OSFED

Rumination Disorder

Family Based Treatment (FBT)

- The American Psychological Association (APA) recommends that adolescents and emerging adults with anorexia nervosa participate in family based treatment (FBT)
- Caregiver education
- Enlist parents as experts on parenting child
- Oversee and take responsibility for nourishing child back to weight range (set by dietitian).
- Adolescent Focused Therapy (AFT): identify emotional states from bodily needs

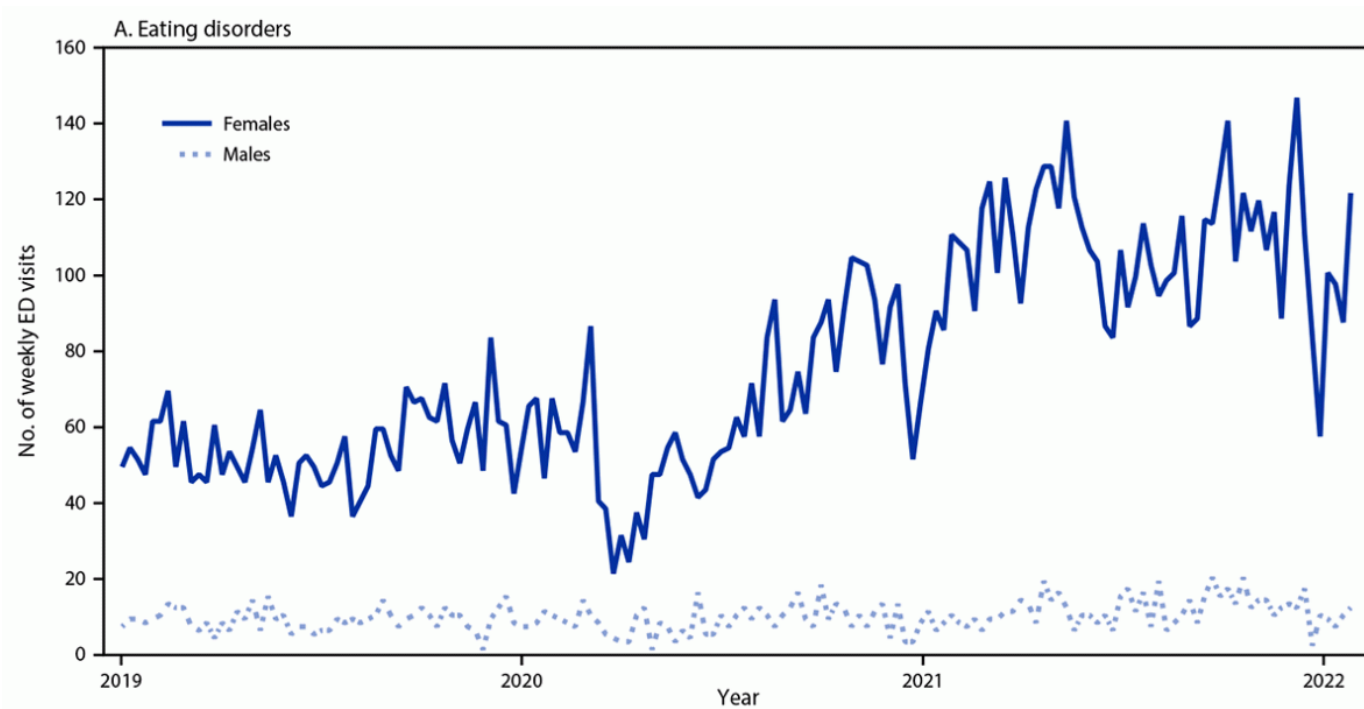


FIGURE 1. Weekly number of emergency department visits* associated with eating disorders among adolescents aged 12–17 years, by sex—National Syndromic Surveillance Program, United States, 2019–2022

Risk factors

- Frequent dieting
- Child abuse, especially sexual abuse
- Bullying
- Athletes
- LGBTQIA+ community
- Medical issues (i.e. celiac disease or diabetes)
- Other mental health issues
- ...and more



Warning signs

- Preoccupation with weight/body shape
- Change in appearance
- Physiological changes
- Eating in secret
- Avoiding eating in public
- Extreme dieting, including restriction of foods/meals
- Decrease in academic or athletic performance
- Disappearing after meals
- Vomiting
- Isolation
- Excessive exercise

And more.....

Physical changes

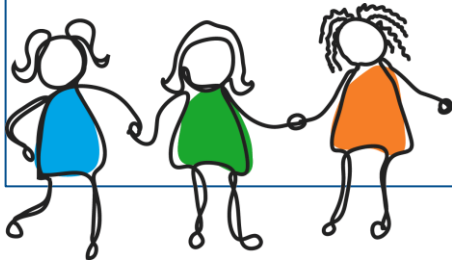
- Late childhood = self-esteem drop
- About 40% of girls and 25% of boys begin dieting in adolescence.
- Early puberty = higher risk for eating disorders
- More likely to have sex at a younger age
- May try to avoid puberty through restriction or dieting

Action

- Continue to build relationship with pediatrician/family doctor
- Ditch the diet talk!
- Healthy habits > weight/size
- Normalize changing bodies

Peer relationships

- Conflicts more likely to arise
- Adolescents seek autonomy from parents and depend more on peers.
- Shared state of instability and identity seeking (i.e. imitation)
- Peer rejection predictive of later problems (Broderick, 2013)



Action

- Encourage independence AND responsibility
- Solicit opinions and encourage self-expression
- Exercise authority over moral or conventional issues and ask questions about personal issues

Sexuality

- Young people are engaging in sexual practices in greater numbers and at an earlier age than generations before them (Zimmer-Gembeck & Helfand, 2008).
- Experts recommend that education about health and sexuality begin at earlier ages, before or at pubertal onset (Susman, Dom, & Schiefelbein, 2003).
- Sex can be used as a way to cope with difficult feelings OR may be altogether avoided due to feelings about self and body.

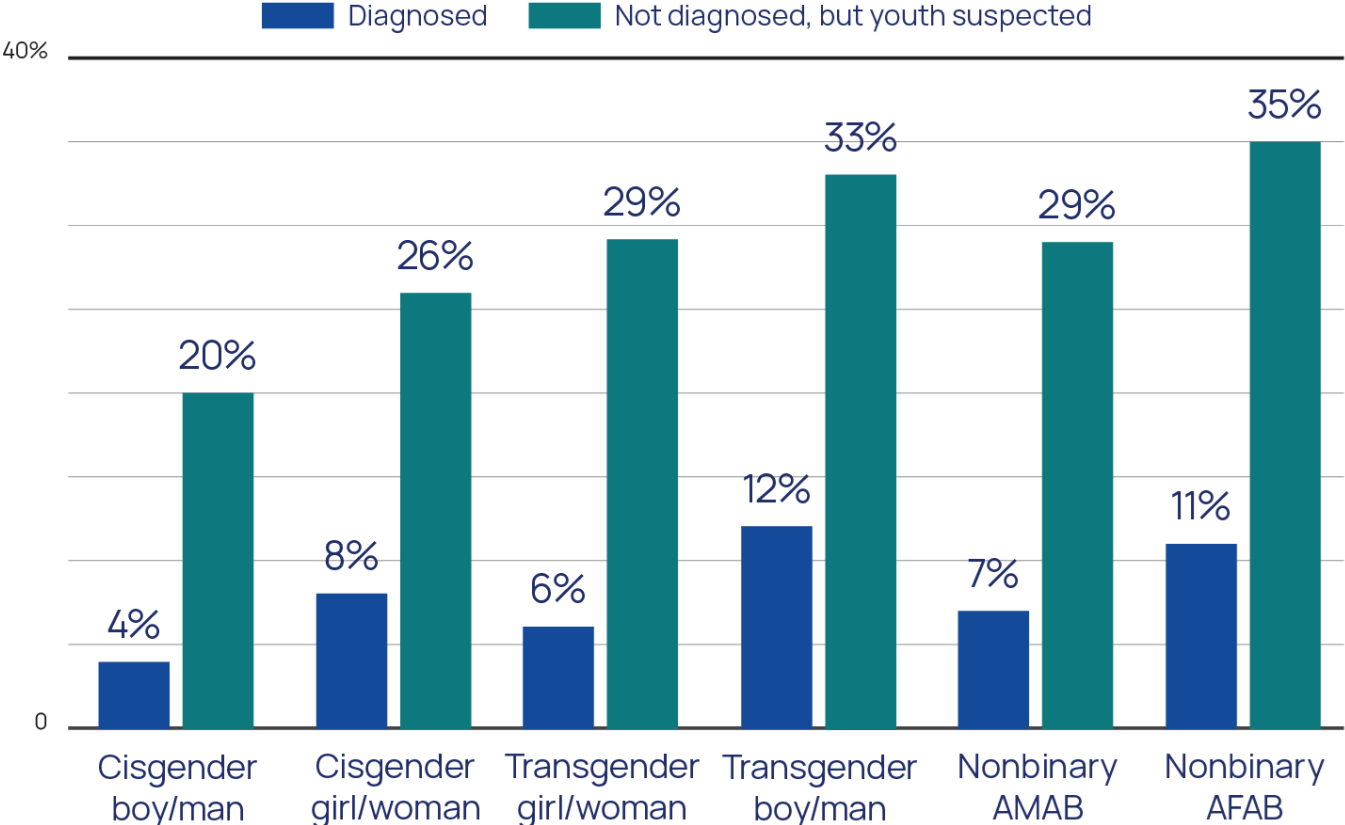
Action

- Teach boundaries, consent
- Provide education about safe sex
- Therapy

Resources:

- Parents Matter
- Families Talking Together
- Talking Parents, Healthy Teens

Percentage of LGBTQ Youth Who Reported an Eating Disorder by Gender Identity



Gender and identity

- LGBTQ community is higher risk for eating disorders and mental health issues
- LGBTQ young people experience significantly greater rates of both eating disorders and attempting suicide compared to their heterosexual and cisgender peers (Johns et al., 2020; Parker & Harriger, 2020).
- Can be linked to low social support or rejection

Action

- Use your platform -- whether it's social media or something larger--to celebrate a diversity of LGBTQ bodies
- Create a supportive treatment team
- Social support



Suicide

- Suicide is the third leading cause of death for youth ages 10-24 (CDC.gov)
- Individuals with anorexia are 31x more likely to make a suicide attempt compared to the general population.
- Individuals with bulimia are 7x more likely to die by suicide.
- Males with eating disorders exhibited more than DOUBLE attempted suicides compared to females
- LGBTQ diagnosed with an eating disorder 4x more likely to attempt suicide (The Trevor Project)
- Idaho has 5th highest mortality rate for suicide in United States (CDC.gov)
- Utah has the 9th highest mortality rate for suicide in the United States (CDC.gov)

Suicide: *ACTION*

- Seek help **before** crisis emerges
- Recognize warning signs
 - Talking about wanting to die
 - Giving away belongings
 - Sudden change in mood
 - Talking about being a burden
 - Saying goodbye
- Be **direct**
- Removal of weapons/Safety Crisis Plan
- Suicide Crisis Line: 988

5 Action Steps for Helping Someone in Emotional Pain

 ASK "Are you thinking about killing yourself?"	 KEEP THEM SAFE Reduce access to lethal items or places.	 BE THERE Listen carefully and acknowledge their feelings.	 HELP THEM CONNECT Save the National Suicide Prevention Lifeline number 1-800-273-8255.	 STAY CONNECTED Follow up and stay in touch after a crisis.
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For more information on suicide prevention:
www.nimh.nih.gov/suicideprevention

  National Institute of Mental Health

Academics

- Sensitive period for stress (Romeo, 2010)
- Seven out of ten teens in the U.S. (between 13 and 17 years old) have named anxiety or depression as a major problem among their peers in the community.
- Somatic complaints = increased absences

Action

- Watch for signs of stress
- Time management/scheduling
- Reconsider advanced classes
- Set up 504 plan if necessary
- Prioritize self-care and balance above perfectionism
- “What did you learn today?”

Exercise

Protective factors

- Participation in sports is associated with higher self-esteem, lower anxiety, depression, anger/hostility, confusion
- Lower self- and body-image concerns, and compulsive self-monitoring... compared to sedentary population.

Risk factors

- Weight focused performance
 - → energy deficiency.

Action

- Focus on function rather than appearance
- Modify exercise as needed to honor and respect body
- Utilize appropriate fuel for exercise and recovery
- Include team if needed!



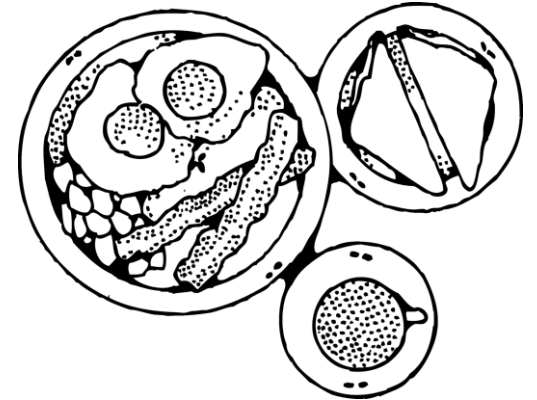
Meal time: potential issues

- 35-57% of adolescent girls engage in crash dieting, including fasting, self-induced vomiting, diet pills, or laxative use (Boutelle, Neumark-Sztainer, Story, & Resnick, 2002; Neumark-Sztainer & Hannan, 2001; Wertheim et al., 2009).
- Girls who diet frequently are 12 times as likely to binge as girls who don't diet (Neumark-Sztainer, 2005)
- 95% of all dieters will regain their lost weight in 1-5 years (Grodstein, Levine, Spencer, Colditz, & Stampfer, 1996; Neumark-Sztainer, Haines, Wall, & Eisenberg, 2007).
- 35% of “normal dieters” progress to pathological dieting. Of those, 20-25% progress to partial or full-syndrome eating disorders (Shisslak, Crago, & Estes, 1995).



Meal time: *ACTION*

- Keep mealtimes/plans consistent
- Structure
- Eat the same foods as your child
- Refrain from negative comments about food
- Distractions at the table
- Serve a variety of foods (frozen foods, desserts, fruits, grains, etc).
- Reinforce what your loved one is working on with their treatment team
- Ask your loved one how they want to be supported at meal times



Social media

- In 2017, a survey of Facial Plastic surgeons found that 55% of surgeons reported seeing patients who requested to improve their appearance in selfies.
- As of October 2022, approximately 80 lawsuits have been filed in US against social media causing harm to adolescents.
- Comparison to lives and images that aren't real

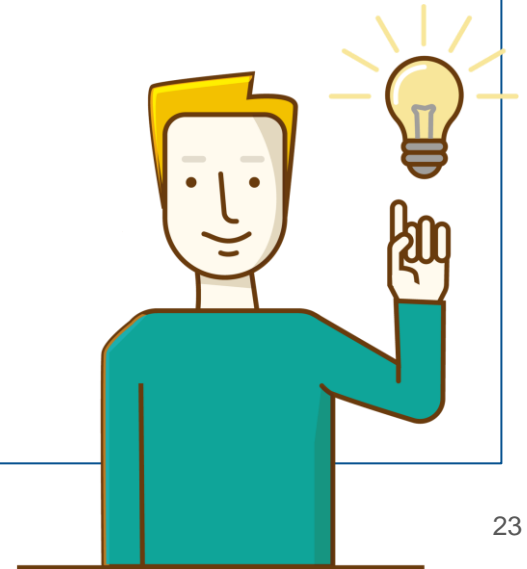
Action

- Limit time on social media, especially photo focused applications
- Discuss impact of advertisements/influencers:
 - What messages are they sending and who benefits?



Potential challenges

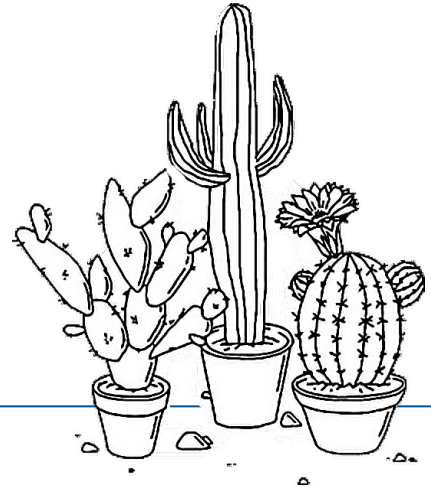
- Validation vs. judgement of feelings
- Values
- State regulations and limitations
- Telehealth
- Dual households
- Changing technology



Final takeaways

- Adolescents are faced with a myriad of challenges not faced by previous generations
- The power of one strong adult relationship is a KEY ingredient in building resilience
- When in doubt, seek extra support

You are not alone



Further reading

Informational: Eating disorders and mental health issues

- Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship, by Laurence Heller Ph.D. and Aline LaPierre Psy.D.
- Set Boundaries, Find Peace: A Guide to Reclaiming Yourself, by Nedra Glover Tawwab
- Helping Your Child with Extreme Picky Eating: A Step-by-Step Guide for Overcoming Selective Eating, Food Aversion, and Feeding Disorders, by Katja Rowell MD
- ARFID Avoidant Restrictive Food Intake Disorder: A Guide for Parents and Carers, by Rachel Bryant-Waugh
- Intuitive Eating, by Evelyn Tribole, RDN, MS and Elyse Resch, RDN, MS
- Binge Eating Disorder-The Journey to Recovery and Beyond, by Pershing and Turner
- Life Without ED, by Jenny Schaefer
- Perfectly Imperfect: Compassionate Strategies to Cultivate a Positive Body Image, by Amy Harman, LMFT, CEDS
- Being You: The Body Image Book for Boys, by Markey, Hart, and Zacher
- Reclaiming Body Trust: A Path to Healing and Liberation, by: Kinavey and Strutevant
- Anxiety Relief for Teens: Essential CBT Skills and Mindfulness Practices to Overcome Anxiety and Stress, by Regine Galanti PhD

Recommended readings, continued

LGBT and marginalized groups

- Decolonizing Wellness: A QTBIPOC-Centered Guide to Escape the Diet Trap, Heal Your Self-Image, and Achieve Body Liberation, by Dalia Kinsey
- The Savvy Ally: A Guide for Becoming a Skilled LGBTQ+ Advocate, by Jeannie Gainsburg
- Transgender Teen: A Handbook for Parents and Professionals Supporting Transgender and Non-Binary Teens, by Stephanie Brill and Lisa Kenney
- Queer Up: An Uplifting Guide to LGBTQ+ Love, Life and Mental Health, by Alexis Caught
- Decolonizing Wellness: A QTBIPOC-Centered Guide to Escape the Diet Trap, Heal Your Self-Image, and Achieve Body Liberation, by Dalia Kinsey

Recommended readings continued

Support specific:

- Talking to Eating Disorders: Simple Ways to Support Someone With Anorexia, Bulimia, Binge Eating, Or Body Image Issues, by Jeanne Albronda Heaton Ph.D
- How to Raise an Intuitive Eater: Raising the Next Generation with Food and Body Confidence, by Sumner Brooks
- When Your Teen Has an Eating Disorder: Practical Strategies to Help Your Teen Recover from Anorexia, Bulimia, and Binge Eating, by Lauren Muhlheim, PsyD
- Loving Someone with an Eating Disorder: Understanding, Supporting, and Connecting with Your Partner (The New Harbinger Loving Someone Series), by Dana Harron PsyD
- Helping Your Child with Extreme Picky Eating: A Step-by-Step Guide for Overcoming Selective Eating, Food Aversion, and Feeding Disorders, by Katja Rowell MD

Questions?

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Hall R, Keeble L, Sunram-Lea SI, To M: A review of risk factors associated with insulin omission for weight loss in type 1 diabetes. *Clin Child Psychol Psychiatry* 26(3):606-616, 2021 34121470

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