

WEBVTT

1 "Allender, Lauren" (854390528)

00:00:00.000 --> 00:00:12.269

Welcome, and thank you for calling in the signals 2024 eating disorder awareness series.

2 "Allender, Lauren" (854390528)

00:00:12.269 --> 00:00:16.289

My name is Lauren calendar and I'm a case manager for the eating disorder team.

3 "Allender, Lauren" (854390528)

00:00:16.289 --> 00:00:28.650

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 a, at the completion of the presentation. Although you do have the option of submitting questions during the teleconference.

4 "Allender, Lauren" (854390528)

00:00:28.650 --> 00:00:32.370

You can follow along to the presentation through the teleconference.

5 "Allender, Lauren" (854390528)

00:00:32.370 --> 00:00:40.980

You can also access the presentation for today's seminar online at W. W. dot com slash eating disorders.

6 "Allender, Lauren" (854390528)

00:00:40.980 --> 00:00:46.320

Scroll to the current topics section in the middle of your page and click on today's topic labeled.

7 "Allender, Lauren" (854390528)

00:00:46.320 --> 00:00:49.350

To move, or not to move in eating disorder recovery.

8 "Allender, Lauren" (854390528)

00:00:49.350 --> 00:00:53.130

Please note that not all policies cover today's topic.

9 "Allender, Lauren" (854390528)

00:00:53.130 --> 00:00:57.840

For more specific information, if your policy covers topics discussed in today's seminar.

10 "Allender, Lauren" (854390528)

00:00:57.840 --> 00:01:02.220

Please contact the eating disorder team by calling the number on the back of your insurance card.

11 "Allender, Lauren" (854390528)

00:01:02.220 --> 00:01:10.290

Today have the pleasure of introducing Carly anoka. Carly is a registered dietician and certified eating disorder specialist.

12 "Allender, Lauren" (854390528)

00:01:10.290 --> 00:01:16.620

She has worked in the eating disorder field for 6 years and is the owner of a private practice group called devoted recovery.

13 "Allender, Lauren" (854390528)

00:01:16.620 --> 00:01:21.510

She has a passion for a life, long health and believes in nursing the body mind and soul.

14 "Allender, Lauren" (854390528)

00:01:21.510 --> 00:01:28.860

She uses a weight inclusive approach that embraces intuitive eating principles to help her clients heal the relationship with all foods.

15 "Allender, Lauren" (854390528)

00:01:28.860 --> 00:01:33.810

She has a passion for nutrition science and believes in the power of science to help combat.

16 "Allender, Lauren" (854390528)

00:01:33.810 --> 00:01:42.570

Eating disorders thoughts, she believes full recovery as possible for anyone with an eating disorder, which fields her desire to increase access to care for all.

17 "Allender, Lauren" (854390528)

00:01:42.570 --> 00:01:49.680

She was also passionate about increasing eating disorder, awareness and prevention through presentations and legislative advocacy.

18 "Allender, Lauren" (854390528)

00:01:49.680 --> 00:01:55.260

Which is what brings her here today when she's not working, she enjoys being a mom to her daughter and puppy.

19 "Allender, Lauren" (854390528)

00:01:55.260 --> 00:01:59.670

Being outside, enjoying good food, and she's probably listening to an audio book.

20 "Allender, Lauren" (854390528)

00:01:59.670 --> 00:02:02.745

Welcome Carly. Thanks, Laura.

21 "Carly Onopa she/her/hers" (2318640384)

00:02:02.745 --> 00:02:10.770

And I'm really excited to be here and to be talking about this topic of exercise and eating disorder recovery.

22 "Carly Onopa she/her/hers" (2318640384)

00:02:10.770 --> 00:02:21.900

Before we get started, I just want to say that I have no disclosures. No one's paying me to give this presentation. These are my, um.

23 "Carly Onopa she/her/hers" (2318640384)

00:02:21.900 --> 00:02:29.670

Thoughts based on my clinical experience as well as the most up to date research that I keep track of.

24 "Carly Onopa she/her/hers" (2318640384)

00:02:29.670 --> 00:02:43.410

Here's our agenda for today, so we'll talk through the foundations of eating disorders and exercise just to make sure we have a common understanding of what we're talking about.

25 "Carly Onopa she/her/hers" (2318640384)

00:02:43.410 --> 00:02:48.150

We'll talk through the connection between exercise and eating disorders.

26 "Carly Onopa she/her/hers" (2318640384)

00:02:48.150 --> 00:02:56.460

What do we do about that connection? And then what we move towards in eating sort of recovery, which is joyful movement.

27 "Carly Onopa she/her/hers" (2318640384)

00:02:56.460 --> 00:03:03.540

And then we'll kind of wrap things up in a nice little bow with a case study. So a lot to accomplish in our time together today.

28 "Carly Onopa she/her/hers" (2318640384)

00:03:03.540 --> 00:03:09.360

So, we'll start off with the eating disorder and exercise foundations.

29 "Carly Onopa she/her/hers" (2318640384)

00:03:09.360 --> 00:03:29.220

So, when we're talking about eating disorders, or anytime I'm getting an eating disorder presentation, I like to start off by briefly talking about eating disorders. There are many great talks that are part of the signal eating disorder, awareness series and there are many other resources beyond the signal eating disorder awareness series.

30 "Carly Onopa she/her/hers" (2318640384)

00:03:29.220 --> 00:03:35.220

Um, that can go into greater depth and breadth of what an eating disorder is. But I wanted us to at least have.

31 "Carly Onopa she/her/hers" (2318640384)

00:03:35.220 --> 00:03:49.920

A common understanding the 1st, is the 1st key point that I want to make sure that is reiterated time. And time again you'll probably see in every single 1 of my presentations is that eating disorders don't have a look.

32 "Carly Onopa she/her/hers" (2318640384)

00:03:49.920 --> 00:03:54.990

Eating disorders are very real physical and mental illnesses that you not discriminate.

33 "Carly Onopa she/her/hers" (2318640384)

00:03:54.990 --> 00:04:03.030

Is it that means that it impacts people across all ages body sizes races, socioeconomic statuses.

34 "Carly Onopa she/her/hers" (2318640384)

00:04:03.030 --> 00:04:06.510

Genders sexual orientations you name it.

35 "Carly Onopa she/her/hers" (2318640384)

00:04:06.510 --> 00:04:26.309

And this is really important for us to consider, especially when we're talking about exercise because 1 of the trends that we tend to see, is that the same exercise behaviors that are concerning when someone's body weight is dangerously low, are often praised and even encouraged in someone at a higher weight.

36 "Carly Onopa she/her/hers" (2318640384)

00:04:26.309 --> 00:04:34.949

This is a product of our diet culture and anti fat bias and is something we need to unline as providers. Also.

37 "Carly Onopa she/her/hers" (2318640384)

00:04:34.949 --> 00:04:39.509

As individuals, when we think about our own relationship with exercise.

38 "Carly Onopa she/her/hers" (2318640384)

00:04:39.509 --> 00:04:48.959

In the summary here is that dangerous exercise behavior and the thoughts around exercise is concerning no matter what size the body is.

39 "Carly Onopa she/her/hers" (2318640384)

00:04:48.959 --> 00:05:08.939

When we're looking at the connection between eating disorders and exercise, we're mostly going to be talking about anorexia and bulimia nervosa and other specified feeding eating disorder that has kind of a component of restricting over exercising purging, et cetera.

40 "Carly Onopa she/her/hers" (2318640384)

00:05:08.939 --> 00:05:19.439

There certainly other eating disorders out there, um, but dysfunctional exercise tends to overlap the most with these diagnoses. So that's going to be.

41 "Carly Onopa she/her/hers" (2318640384)

00:05:19.439 --> 00:05:26.399

The, like, when we talk about our case study, that's a case study will include 1 of these diagnoses.

42 "Carly Onopa she/her/hers" (2318640384)

00:05:26.399 --> 00:05:33.329

So, now let's talk about physical activity generally speaking.

43 "Carly Onopa she/her/hers" (2318640384)

00:05:33.329 --> 00:05:47.009

Physical activity when we were talking about terminology so physical activity is the umbrella term for all the movement that we engage in this can be planned movement, which we call exercise for the sake of today's.

44 "Carly Onopa she/her/hers" (2318640384)

00:05:47.009 --> 00:05:53.849

Discussion I'll probably use physical activity and exercise interchangeably, but there is a difference.

45 "Carly Onopa she/her/hers" (2318640384)

00:05:53.849 --> 00:06:11.609

Um, movement or physical activity can be unplanned movement and therefore can be called spontaneous movement. Maybe you pace when you talk on the phone or do you have to get up and go change the laundry? For example, those might be types of spontaneous movement.

46 "Carly Onopa she/her/hers" (2318640384)

00:06:11.609 --> 00:06:24.209

There are also different types of physical activity. This includes cardiovascular activities. So, examples of cardiovascular activity would be walking, jogging, bicycling.

47 "Carly Onopa she/her/hers" (2318640384)

00:06:24.209 --> 00:06:35.279

Swimming things that increase your heart rate, um, as a way to

increase, like, your cardiovascular systems capabilities.

48 "Carly Onopa she/her/hers" (2318640384)

00:06:35.279 --> 00:06:48.869

We have muscle building activity where that would be or muscle strengthening activity. So this would be mostly in the form of strength training, but it could be bodyweight strength. It could be.

49 "Carly Onopa she/her/hers" (2318640384)

00:06:48.869 --> 00:06:52.079

Lifting heavyweight, so there's kind of.

50 "Carly Onopa she/her/hers" (2318640384)

00:06:52.079 --> 00:06:59.309

Some variability in what muscle building activity could look like. Um, but we mostly would identify that as strength.

51 "Carly Onopa she/her/hers" (2318640384)

00:06:59.309 --> 00:07:06.779

And then they're stretching and mobility where we're focusing on LinkedIn, the muscle and maintaining range of movement around a particular joint.

52 "Carly Onopa she/her/hers" (2318640384)

00:07:06.779 --> 00:07:16.859

I think 1 of the things that, as the eating disorder field is learning and learning and learning more um.

53 "Carly Onopa she/her/hers" (2318640384)

00:07:16.859 --> 00:07:27.299

There is kind of this old school way of thinking that exercise and eating disorders don't fit that exercises bad and that's not.

54 "Carly Onopa she/her/hers" (2318640384)

00:07:27.299 --> 00:07:32.639

What I want to happen today in fact, physical activity has many benefits for.

55 "Carly Onopa she/her/hers" (2318640384)

00:07:32.639 --> 00:07:45.179

General population, but as well as people going through the eating sort of recovery process, but it is important when we integrate movement and how we, and being really intentional around how we do that.

56 "Carly Onopa she/her/hers" (2318640384)

00:07:45.179 --> 00:08:02.759

Um, but some of the benefits that I think are important for me to highlight, um, are that exercise or movement can improve cognitive, functioning, both in the short term and long term. Um, it can help

with, like, clarity of thinking it can help us manage our.

57 "Carly Onopa she/her/hers" (2318640384)

00:08:02.759 --> 00:08:13.439

Stress a little bit better. Um, we can have increased cardiovascular function meaning that we can perform, like, activities of daily living with greater ease.

58 "Carly Onopa she/her/hers" (2318640384)

00:08:13.439 --> 00:08:20.789

It can help with cellular insolent sensitivity, meaning that ourselves are more sensitive to the.

59 "Carly Onopa she/her/hers" (2318640384)

00:08:20.789 --> 00:08:34.619

The blood glucose that's present in the bloodstream and helps us manage our blood glucose. It can improve muscular function. This helps us in the short term, but also helps us in the long term and helps us age. Well.

60 "Carly Onopa she/her/hers" (2318640384)

00:08:34.619 --> 00:08:40.109

Helps maintain bone health, which is another important piece for the eating disorder.

61 "Carly Onopa she/her/hers" (2318640384)

00:08:40.109 --> 00:08:46.409

Patient as well, as somebody in the long term, just looking to improve the overall.

62 "Carly Onopa she/her/hers" (2318640384)

00:08:46.409 --> 00:08:54.539

Maintaining range of motion of joints enhancing our ability to perform activities of daily living and there are so many other things to consider.

63 "Carly Onopa she/her/hers" (2318640384)

00:08:54.539 --> 00:08:58.769

What's important to note is that these benefits.

64 "Carly Onopa she/her/hers" (2318640384)

00:08:58.769 --> 00:09:02.039

And how the body responds to their.

65 "Carly Onopa she/her/hers" (2318640384)

00:09:02.039 --> 00:09:17.129

To exercise, this is how it responds when there's adequate nutrition coming in. And when physical activity is incorporated in balance variety and moderation, where we're not over training 1 type of physical activity, where we're not.

66 "Carly Onopa she/her/hers" (2318640384)
00:09:17.129 --> 00:09:26.489
Restricting our food intake in order to bring about intentional weight loss. Um, our body likes our movement to be nourished.

67 "Carly Onopa she/her/hers" (2318640384)
00:09:26.489 --> 00:09:32.159
So, let's talk about the exercise eating disorder.

68 "Carly Onopa she/her/hers" (2318640384)
00:09:32.159 --> 00:09:46.289
Connection so, um, as we discussed eating disorders are very dangerous psychological illnesses that they also have physical.

69 "Carly Onopa she/her/hers" (2318640384)
00:09:46.289 --> 00:09:58.169
It's a physical illness as well eating disorders, cause metabolic shifts. So we can see changes in labs. We see changes in physical symptoms and that.

70 "Carly Onopa she/her/hers" (2318640384)
00:09:58.169 --> 00:10:02.459
Can make exercising unsafe studies, have indicated that.

71 "Carly Onopa she/her/hers" (2318640384)
00:10:02.459 --> 00:10:16.409
Um, the term I'm going to use is dysfunctional exercise can be observed in 22 to 80% of patients with an eating disorder diagnosis. You're probably thinking that's an insane range. How do we actually like.

72 "Carly Onopa she/her/hers" (2318640384)
00:10:16.409 --> 00:10:20.039
What, like, how do we get that number? Um, I think the wide range.

73 "Carly Onopa she/her/hers" (2318640384)
00:10:20.039 --> 00:10:28.889
Can be explained in part by the definition of excessive exercise being used as the definition for dysfunctional exercise.

74 "Carly Onopa she/her/hers" (2318640384)
00:10:28.889 --> 00:10:34.139
And so we're learning, we've learned more about the.

75 "Carly Onopa she/her/hers" (2318640384)
00:10:34.139 --> 00:10:47.309
Exercise and eating disorder connection and have brought in the term to be dysfunctional because it doesn't have to be excessive to be the relationship with exercise doesn't have to be excessive for it to be

dysfunctional.

76 "Carly Onopa she/her/hers" (2318640384)

00:10:47.309 --> 00:10:58.649

And so, even though that's a broad range, it's important for us to consider. What do we know about people who have.

77 "Carly Onopa she/her/hers" (2318640384)

00:10:58.649 --> 00:11:18.649

A component of like, dysfunctional exercises part of their eating disorders. So what we do know about those who have dysfunctional exercise relationships as part of their eating disorder behaviors is that they tend to experience poor, physical and psychological outcomes. This can look like longer treatment stays at.

78 "Carly Onopa she/her/hers" (2318640384)

00:11:18.649 --> 00:11:24.569

Their level of care so that could be anything from residential to day programs like PHP or.

79 "Carly Onopa she/her/hers" (2318640384)

00:11:24.569 --> 00:11:33.239

They might have a shorter time to relapse, meaning that they're doing really well, in a program in treatment in general and then.

80 "Carly Onopa she/her/hers" (2318640384)

00:11:33.239 --> 00:11:39.689

They find it harder to get their footing underneath them in their recovery. And so they go back to their eating sort of behaviors sooner.

81 "Carly Onopa she/her/hers" (2318640384)

00:11:39.689 --> 00:11:44.129

They can experience greater rates of depression. Um.

82 "Carly Onopa she/her/hers" (2318640384)

00:11:44.129 --> 00:11:48.629

And among other things, these are some of the highlights I wanted to pull out.

83 "Carly Onopa she/her/hers" (2318640384)

00:11:48.629 --> 00:12:02.339

And because of the very real and significant physical symptoms that can accompany an eating disorder, the exercise relationship might not be explored at higher levels of care due to.

84 "Carly Onopa she/her/hers" (2318640384)

00:12:02.339 --> 00:12:06.929

The nature of it being, like a shorter treatment like, even though.

85 "Carly Onopa she/her/hers" (2318640384)

00:12:06.929 --> 00:12:17.219

Some people will say, like, oh, treatment is so long, and it definitely feels that way but the time that you have to address all the eating disorder, behaviors, exercise might not.

86 "Carly Onopa she/her/hers" (2318640384)

00:12:17.219 --> 00:12:21.059

Be the priority in those higher level of care settings.

87 "Carly Onopa she/her/hers" (2318640384)

00:12:21.059 --> 00:12:29.729

And unfortunately, when it's not explored exercise, compulsions can remain and predict a shorter time to relax. And.

88 "Carly Onopa she/her/hers" (2318640384)

00:12:29.729 --> 00:12:33.959

Increases the likelihood of meeting higher level of care treatment in the future.

89 "Carly Onopa she/her/hers" (2318640384)

00:12:37.019 --> 00:12:42.059

So, let's get a little bit more into the nitty gritty of dysfunctional exercise.

90 "Carly Onopa she/her/hers" (2318640384)

00:12:42.059 --> 00:12:52.529

So, dysfunctional exercise is defined as a harmful or pathological relationship with exercise, resulting in negative, physical and or psychological health impairment.

91 "Carly Onopa she/her/hers" (2318640384)

00:12:52.529 --> 00:13:05.099

It's viewed as an umbrella term, um, and when I'm talking with my clients about how they view, or how they think about exercise in their eating disorder, I use these 3 terms to help them.

92 "Carly Onopa she/her/hers" (2318640384)

00:13:05.099 --> 00:13:14.939

Language to what their experience. So the 1st is compulsive exercise so with compulsive exercise, exercise fields.

93 "Carly Onopa she/her/hers" (2318640384)

00:13:14.939 --> 00:13:28.199

Mandatory for the day to be complete. This is best evaluated. When you think of how you feel on a resting. Oftentimes my clients with dysfunctional exercise. Particularly compulsive exercise will tell me that.

94 "Carly Onopa she/her/hers" (2318640384)

00:13:28.199 --> 00:13:35.459

They feel guilty of shamed gluttonous lazy for taking a day off.

95 "Carly Onopa she/her/hers" (2318640384)

00:13:35.459 --> 00:13:40.589

Um, and so this is really important for us to.

96 "Carly Onopa she/her/hers" (2318640384)

00:13:40.589 --> 00:13:52.649

Not only rehabilitate their relationship with exercise. Oftentimes for compulsive exercise. We also have to rehabilitate their relationship with the rest because we all need rest.

97 "Carly Onopa she/her/hers" (2318640384)

00:13:52.649 --> 00:13:58.439

So, it sounds it often sounds like I feel guilty when I miss a day, or I have to work out, um.

98 "Carly Onopa she/her/hers" (2318640384)

00:13:58.439 --> 00:14:09.179

When I'm talking with clients, if they still are and understanding what I'm saying, I'll use the analogy of, like, it's an edge that you feel like you have to scratch before, like, to feel relief.

99 "Carly Onopa she/her/hers" (2318640384)

00:14:09.179 --> 00:14:17.009

And that can be coupled with any of the other types of dysfunctional exercise, or can exist on its own.

100 "Carly Onopa she/her/hers" (2318640384)

00:14:17.009 --> 00:14:26.579

Oftentimes, we'll see compulsive exercise, connected with excessive exercise because more will feel better. Um, it'll like.

101 "Carly Onopa she/her/hers" (2318640384)

00:14:26.579 --> 00:14:35.489

Once you like, once you have to, like, scratch it more to get the same relief and so they can be coupled but it doesn't always have to be the case.

102 "Carly Onopa she/her/hers" (2318640384)

00:14:35.489 --> 00:14:55.489

When I am working with clients, and I'm talking about excessive exercise, I brought in the definition a little bit and broaden it to include exercising beyond the body's capabilities. And so to me excessive is relative there, there are marathon and ultra marathon that are not exercise.

103 "Carly Onopa she/her/hers" (2318640384)

00:14:55.489 --> 00:15:00.179

Excessively because they're nursing their body, they're maintaining, like.

104 "Carly Onopa she/her/hers" (2318640384)

00:15:00.179 --> 00:15:05.789

Good overall physical health. Their mental health is not suffering. They.

105 "Carly Onopa she/her/hers" (2318640384)

00:15:05.789 --> 00:15:16.199

Our nursing their movement, they aren't training when injured so they're doing the things that they need to support their body and therefore it's not excessive.

106 "Carly Onopa she/her/hers" (2318640384)

00:15:16.199 --> 00:15:21.839

There are also people who run a mile or do 15 crunches or.

107 "Carly Onopa she/her/hers" (2318640384)

00:15:21.839 --> 00:15:41.399

A smaller amount of activity, and it is considered excessive exercise, because they're sick, they're injured they're not eating enough or they're engaging in dangerous eating disorder behaviors that make it unsafe for them to be exercising. And so they're exercising beyond their body's capability for movement.

108 "Carly Onopa she/her/hers" (2318640384)

00:15:41.399 --> 00:15:49.169

So this will often look like a person exercising when they're injured exercising when they're not cleared for activity.

109 "Carly Onopa she/her/hers" (2318640384)

00:15:49.169 --> 00:15:54.239

Um, this is something that I see a lot in the outpatient setting of.

110 "Carly Onopa she/her/hers" (2318640384)

00:15:54.239 --> 00:16:02.039

Care we might see them exercising while restricting or under feeling um, even.

111 "Carly Onopa she/her/hers" (2318640384)

00:16:02.039 --> 00:16:06.059

Even if it's not done intentionally, which is an important.

112 "Carly Onopa she/her/hers" (2318640384)

00:16:06.059 --> 00:16:15.569

Distinction too often with the eating disorder we see that there is intentionality behind restricting or not having adequate nutrition. Um.

113 "Carly Onopa she/her/hers" (2318640384)

00:16:15.569 --> 00:16:19.889

But even if it's been unintentionally, it can be expensive exercise.

114 "Carly Onopa she/her/hers" (2318640384)

00:16:19.889 --> 00:16:33.809

And then finally compensatory exercise, so exercise is used as a way to offset intake and change our body. So, this would sound like I have to exercise or I'll get fat. Um.

115 "Carly Onopa she/her/hers" (2318640384)

00:16:33.809 --> 00:16:44.459

I'm using client language. Um, I do not weaponize the word. Fat. Fat is a neutral descriptor to me as a weight inclusive dietitian. Um.

116 "Carly Onopa she/her/hers" (2318640384)

00:16:44.459 --> 00:16:59.669

And so other ways that this can found would be, I have to go on a run so I can eat my lunch, or oh, my gosh. I just ate that whole big thing. Now I need to go exercise. And so there's a significant connection between.

117 "Carly Onopa she/her/hers" (2318640384)

00:16:59.669 --> 00:17:03.659

Needing to exercise in earning our food um.

118 "Carly Onopa she/her/hers" (2318640384)

00:17:03.659 --> 00:17:08.159

All of these can happen in their silo.

119 "Carly Onopa she/her/hers" (2318640384)

00:17:08.159 --> 00:17:14.309

Of compulsive, excessive or compensatory, or we can see kind of a combination of them come together.

120 "Carly Onopa she/her/hers" (2318640384)

00:17:14.309 --> 00:17:30.629

And I like to use these terms because it helps clients have language around what they're eating disorder thoughts are about exercise. And so they'll start categorizing like, oh, I see how that's compulsive or see how that's excessive. And then that helps us individualize the work.

121 "Carly Onopa she/her/hers" (2318640384)

00:17:30.629 --> 00:17:34.529

That we're able to do with them to help them heal their relationship with them.

122 "Carly Onopa she/her/hers" (2318640384)

00:17:34.529 --> 00:17:42.839

And exercise so what do we do we know that if.

123 "Carly Onopa she/her/hers" (2318640384)

00:17:42.839 --> 00:17:48.689

Exercise is not addressed in the treatment plan that it leads to poor outcomes for people.

124 "Carly Onopa she/her/hers" (2318640384)

00:17:48.689 --> 00:17:53.939

And there's a lot for us to do to address in a treatment center.

125 "Carly Onopa she/her/hers" (2318640384)

00:17:53.939 --> 00:18:02.879

So, like, what we do, um, is pretty simple. We're pretty straightforward, is that we integrate movement into the treatment plan. Just like, we.

126 "Carly Onopa she/her/hers" (2318640384)

00:18:02.879 --> 00:18:09.929

As a dietitian, I integrate food exposures and supervised meals and snacks to normalize the.

127 "Carly Onopa she/her/hers" (2318640384)

00:18:09.929 --> 00:18:16.499

What, I mean, the types and amounts of food that a person needs to be nourished, we can do the same with exercise.

128 "Carly Onopa she/her/hers" (2318640384)

00:18:16.499 --> 00:18:22.859

It's just that the, how is a little bit more nuanced so that's what we'll go into next.

129 "Carly Onopa she/her/hers" (2318640384)

00:18:22.859 --> 00:18:35.879

So, as a dietitian, I often talk with clients about their nutrition and exercise behaviors. I think 1 of the challenging pieces. Um.

130 "Carly Onopa she/her/hers" (2318640384)

00:18:35.879 --> 00:18:39.779

About exercise is that usually.

131 "Carly Onopa she/her/hers" (2318640384)

00:18:39.779 --> 00:18:48.239

Eating disorder, patients have at least 2 providers up to 4 or 5 providers on a comprehensive.

132 "Carly Onopa she/her/hers" (2318640384)

00:18:48.239 --> 00:19:00.179

Collaborative treatment team that can include a physician dietitian therapist psychiatrists. If they are an athlete, maybe a coach or a

personal trainer.

133 "Carly Onopa she/her/hers" (2318640384)

00:19:00.179 --> 00:19:06.569

There can be more people beyond that, but there's usually a couple cooks in the kitchen.

134 "Carly Onopa she/her/hers" (2318640384)

00:19:06.569 --> 00:19:13.409

But what's different about exercise is that it almost seems like nobody feels like it's their part to talk about with.

135 "Carly Onopa she/her/hers" (2318640384)

00:19:13.409 --> 00:19:24.749

The patient, and so a couple years ago, I was listening to a talk kind of similar to this 1 where they brought up the idea of safe exercise at every stage.

136 "Carly Onopa she/her/hers" (2318640384)

00:19:24.749 --> 00:19:34.259

And this is a model, it's an evidence based approach for integrating movement into eating disorder treatment at every single stage of the eating sort of recovery.

137 "Carly Onopa she/her/hers" (2318640384)

00:19:34.259 --> 00:19:51.779

Um, the, the model is best implemented where there's a collaborative team of highly trained eating disorder professionals that can comment on a person's physical as well as mental psychological readiness for integrating movement.

138 "Carly Onopa she/her/hers" (2318640384)

00:19:51.779 --> 00:19:55.469

This model does not.

139 "Carly Onopa she/her/hers" (2318640384)

00:19:55.469 --> 00:19:58.829

Deny that medical.

140 "Carly Onopa she/her/hers" (2318640384)

00:19:58.829 --> 00:20:10.499

Um, the medical complications that exist due to eating disorder behaviors, um, it actually emphasizes how important it is and that safety is of the utmost importance.

141 "Carly Onopa she/her/hers" (2318640384)

00:20:10.499 --> 00:20:17.039

So, medical clearance, which you see on the slide slide 12 if you're following along.

142 "Carly Onopa she/her/hers" (2318640384)

00:20:17.039 --> 00:20:23.549

Is that medical clearance is the foundation of somebody being safe to exercise.

143 "Carly Onopa she/her/hers" (2318640384)

00:20:23.549 --> 00:20:37.709

Just because somebody, let's say somebody enters into a residential treatment program, they might not be ready to exercise day 1, but they don't have to wait until they're all the way in outpatient to integrate with either.

144 "Carly Onopa she/her/hers" (2318640384)

00:20:37.709 --> 00:20:49.799

And so, medical clearance usually includes normalizing Labs, um, especially electrolytes. So, this would be things like, sodium potassium, phosphorus, magnesium.

145 "Carly Onopa she/her/hers" (2318640384)

00:20:49.799 --> 00:20:53.219

Um, these labs can be.

146 "Carly Onopa she/her/hers" (2318640384)

00:20:53.219 --> 00:20:56.969

Off due to restricting behavior, purging behavior.

147 "Carly Onopa she/her/hers" (2318640384)

00:20:56.969 --> 00:21:01.499

There are definitely others, but those tend to be the 2 common ones.

148 "Carly Onopa she/her/hers" (2318640384)

00:21:01.499 --> 00:21:09.869

Until we want to make sure that those are stable, and are within their normal limits before integrating movement because when you sweat.

149 "Carly Onopa she/her/hers" (2318640384)

00:21:09.869 --> 00:21:19.559

The thing that you tend to lose is sodium chloride. That's why your sweat can too salty and those are 2 electrolytes. And so we want to make sure that we're.

150 "Carly Onopa she/her/hers" (2318640384)

00:21:19.559 --> 00:21:23.849

Normalizing Labs before we integrate movement at all.

151 "Carly Onopa she/her/hers" (2318640384)

00:21:23.849 --> 00:21:29.039

It also can be somewhat of a proxy for somebody doing well with their eating disorder.

152 "Carly Onopa she/her/hers" (2318640384)

00:21:29.039 --> 00:21:32.279

Recovery, so if somebody's not.

153 "Carly Onopa she/her/hers" (2318640384)

00:21:32.279 --> 00:21:39.239

Nursing themselves well, and are still riddled with many physical symptoms like having difficulty.

154 "Carly Onopa she/her/hers" (2318640384)

00:21:39.239 --> 00:21:52.019

Regulating their temperature, or their heart rate jumps up a lot when they move from a sitting to a standing position, or they feel dizzy every time they wake up like that person is probably not very safe to be integrating with.

155 "Carly Onopa she/her/hers" (2318640384)

00:21:52.019 --> 00:21:58.829

And so that's why we want to see improvement in labs and physical symptoms before we start.

156 "Carly Onopa she/her/hers" (2318640384)

00:21:58.829 --> 00:22:18.829

Integrating movement wait should be improving towards goal if somebody needs to wait restore either from being at a dangerously low body weight, objectively, speaking, or for being added dangerously low body weight for themselves, or they should have a stable weight with improving.

157 "Carly Onopa she/her/hers" (2318640384)

00:22:18.829 --> 00:22:24.749

Nutritional intake, and there should be a reduction in. They're eating sort of behaviors overall.

158 "Carly Onopa she/her/hers" (2318640384)

00:22:24.749 --> 00:22:31.559

Like I said, medical clearance is the foundation for integrating actual movement into the treatment plan.

159 "Carly Onopa she/her/hers" (2318640384)

00:22:31.559 --> 00:22:38.729

Routine medical monitoring should be a part of continued integration of movement so that way.

160 "Carly Onopa she/her/hers" (2318640384)

00:22:38.729 --> 00:22:47.219

We're keeping tabs on how are their labs looking how are their physical symptoms? Because when we're exploring movement, sometimes.

161 "Carly Onopa she/her/hers" (2318640384)

00:22:47.219 --> 00:22:56.879

A person can increase their use of other eating disorder behaviors, which is important information for us to gather as to why that can happen.

162 "Carly Onopa she/her/hers" (2318640384)

00:22:56.879 --> 00:23:10.079

It's important to know also that even if a person is not medically cleared, we can still explore the role that exercise has played for the individual. You might be wondering, like, how on earth do you do that?

163 "Carly Onopa she/her/hers" (2318640384)

00:23:10.079 --> 00:23:30.079

1 of the ways, I think I said it in the last slide is that I often will talk with my clients about how they relate to rest and being able to take rest. Because that often has a lot to do with how we relate to movement. If I don't feel like, I can ever take a day off from exercising and that if I take a day off.

164 "Carly Onopa she/her/hers" (2318640384)

00:23:30.079 --> 00:23:35.879

My world comes crashing down, or I am a, like, stressed out mess.

165 "Carly Onopa she/her/hers" (2318640384)

00:23:35.879 --> 00:23:48.029

Or I can't eat any food that tells me a lot about my relationship with exercise just from, like, taking 1 day off. And so we start to.

166 "Carly Onopa she/her/hers" (2318640384)

00:23:48.029 --> 00:24:00.809

Explore what does that mean for my relationship with food? What does that mean for my relationship with exercise? What does that mean for my relationship with my body and starting to heal some of that language that we use around.

167 "Carly Onopa she/her/hers" (2318640384)

00:24:00.809 --> 00:24:08.369

Food nutrition body exercise, so when somebody's medically cleared.

168 "Carly Onopa she/her/hers" (2318640384)

00:24:08.369 --> 00:24:14.459

Um, that is the baseline to move into kind of the next phase, which is clinical clearance.

169 "Carly Onopa she/her/hers" (2318640384)

00:24:14.459 --> 00:24:34.459

So, clinical clearance would come from other treatment team members. So the medical clearance is obviously mostly the primary care doctor in collaboration with information coming from the dietitian and

therapist clinical clearance would be more nutrition.

170 "Carly Onopa she/her/hers" (2318640384)

00:24:34.459 --> 00:24:37.499

And therapy psychiatrist.

171 "Carly Onopa she/her/hers" (2318640384)

00:24:37.499 --> 00:24:44.969

While also making sure that somebody is still medically appropriate after being medically cleared.

172 "Carly Onopa she/her/hers" (2318640384)

00:24:44.969 --> 00:25:04.969

So, questions that we might ask in this phase is that is a person working on the goal setting sessions with their individual providers. Are they improving their nutritional intake? Are they incorporating foods that were once off limits to them due to the eating disorder? Are they meeting therapeuticals applying coping skills?

173 "Carly Onopa she/her/hers" (2318640384)

00:25:04.969 --> 00:25:15.359

They reduce their eating sort of behaviors overall. What are their thoughts beliefs about exercise what are their intentions? So we ask all of these questions and these are things that.

174 "Carly Onopa she/her/hers" (2318640384)

00:25:15.359 --> 00:25:32.969

You don't necessarily have to have it all figured out before starting to move, but these are things that will continue to get addressed and providers can share, like, education on topics can have journaling assignments. I'll share some of my favorite interventions here in the coming slides.

175 "Carly Onopa she/her/hers" (2318640384)

00:25:32.969 --> 00:25:54.019

When it is deemed appropriate for someone to integrate movement, we're not just like, okay, like, you're cleared, go on, do whatever you want. Um, there's a progression that happens. So often times movement is talked about, um, using the acronym fit. So f, I. T. T.

176 "Carly Onopa she/her/hers" (2318640384)

00:25:54.019 --> 00:26:02.819

Frequency meaning how often am I exercising intensity? How difficult is the is the exercise I'm doing.

177 "Carly Onopa she/her/hers" (2318640384)

00:26:02.819 --> 00:26:06.029

Type is it walking jogging strength?

178 "Carly Onopa she/her/hers" (2318640384)

00:26:06.029 --> 00:26:09.899
Et cetera, and then the time and so.

179 "Carly Onopa she/her/hers" (2318640384)
00:26:09.899 --> 00:26:14.249
We I will often talk with clients about, um.

180 "Carly Onopa she/her/hers" (2318640384)
00:26:14.249 --> 00:26:29.309
Like, what is it what does it look like for you to start doing movement? Um, it makes sense to me that we wouldn't go back immediately to exercise that we associate most with our eating disorder. So, let's say somebody was.

181 "Carly Onopa she/her/hers" (2318640384)
00:26:29.309 --> 00:26:34.799
Really into running for example. Um, it's not that.

182 "Carly Onopa she/her/hers" (2318640384)
00:26:34.799 --> 00:26:38.459
Running and running and eating source tends to overlap a lot.

183 "Carly Onopa she/her/hers" (2318640384)
00:26:38.459 --> 00:26:41.519
There are many sports many types of activity that.

184 "Carly Onopa she/her/hers" (2318640384)
00:26:41.519 --> 00:27:01.519
Have an eating disorder connection. Um, so we might not start off with running. Like, I might have somebody 1st try like doing, like, mind body breathing, like, trying to do yoga or just mind body connection, gentle, stretching. Um, and then building up to could you, do you feel okay.

185 "Carly Onopa she/her/hers" (2318640384)
00:27:01.519 --> 00:27:21.519
Doing a walk or would it be better for you to try a new activity altogether where we're bicycling or doing zimba or something? Maybe not quite soon, but right out the gate, but where we're trying something different and doing it at a low frequency, low intensity. Um, for a set amount of time, and usually with supervision.

186 "Carly Onopa she/her/hers" (2318640384)
00:27:21.519 --> 00:27:30.719
As well, and then as somebody is able to progress, we can move to less supervision, potentially increase time, increase frequency.

187 "Carly Onopa she/her/hers" (2318640384)
00:27:30.719 --> 00:27:40.409
Return to sport is the last phase that can happen and that is usually

when somebody's been in their recovery for an extended period of time.

188 "Carly Onopa she/her/hers" (2318640384)

00:27:40.409 --> 00:28:01.939

It's important to identify what are disordered forms of exercise for each individual. So, like I said, this will this should look different for everyone. Some people may find yoga triggering. So that wouldn't be a good 1st, step intervention. Some people find that they have to run to get a good workout. So maybe running would not be the best thing for them to do. And so this is where.

189 "Carly Onopa she/her/hers" (2318640384)

00:28:01.939 --> 00:28:11.519

Good therapeutic relationship is key where we're figuring out what are those individuals thoughts for us to work on and address during our treatment?

190 "Carly Onopa she/her/hers" (2318640384)

00:28:11.519 --> 00:28:24.269

Time together, oftentimes, when you're starting out starting with a lower intensity movement on a few days per week and setting specific time, moments is a good place to start.

191 "Carly Onopa she/her/hers" (2318640384)

00:28:24.269 --> 00:28:27.299

I often will have clients keep us out.

192 "Carly Onopa she/her/hers" (2318640384)

00:28:27.299 --> 00:28:45.869

Like, a thought log, which would include thoughts that they have before during and after each time they do some type of movement and so that's why keeping the frequency intensity and time pretty low can be helpful. So, that way, they can kind of keep track of those thoughts.

193 "Carly Onopa she/her/hers" (2318640384)

00:28:45.869 --> 00:28:51.269

Um, because it's the most important to heal the relationship with movement and not, like, get them to.

194 "Carly Onopa she/her/hers" (2318640384)

00:28:51.269 --> 00:28:55.079

A high exercise prescription as quickly as possible.

195 "Carly Onopa she/her/hers" (2318640384)

00:28:59.129 --> 00:29:19.129

So now we'll go through some of my favorite interventions. So 1 of the things that I do a lot with is I have clients explore their thoughts around exercise. I'll do this often in collaboration with a therapist where I might assign it. But then if there's something that's coming up, that's deeper than.

196 "Carly Onopa she/her/hers" (2318640384)

00:29:19.129 --> 00:29:30.509

Exercise nutrition body image, then I'll have them talk about it with their therapist but at least these are some prompts about exercise. I can get people thinking.

197 "Carly Onopa she/her/hers" (2318640384)

00:29:30.509 --> 00:29:37.139

Um, so these question reveals some distorted beliefs about exercise so.

198 "Carly Onopa she/her/hers" (2318640384)

00:29:37.139 --> 00:29:44.159

I might have clients ask themselves like, why do I actually exercise? I shared.

199 "Carly Onopa she/her/hers" (2318640384)

00:29:44.159 --> 00:29:48.689

Already that I have claims do thought logs where they log thoughts about.

200 "Carly Onopa she/her/hers" (2318640384)

00:29:48.689 --> 00:29:55.499

Before during, and after specific exercise, how do they feel what our thoughts that are coming up? Are they.

201 "Carly Onopa she/her/hers" (2318640384)

00:29:55.499 --> 00:30:03.359

Finding it harder to eat are they having a hard time with body image during their run? Are they.

202 "Carly Onopa she/her/hers" (2318640384)

00:30:03.359 --> 00:30:13.529

Finding that they feel uncomfortable in their swimsuit when they take a swim. Are they looking in the mirror incessantly when they go do strength training sessions, things like that.

203 "Carly Onopa she/her/hers" (2318640384)

00:30:13.529 --> 00:30:21.269

What relationship do I see between my nutrition and my exercise patterns? 1 of the activities that.

204 "Carly Onopa she/her/hers" (2318640384)

00:30:21.269 --> 00:30:40.559

When I worked at a treatment center before 1 of the activities that we would do with clients was have them map out their nutrition and exercise timeline over their lifespan and try to find connections between their nutrition and exercise. And like, when did they actually enjoy movement. Which was like a really eye opening.

205 "Carly Onopa she/her/hers" (2318640384)

00:30:40.559 --> 00:30:45.419

Activity for a lot of clients so that's 1 that I really enjoy doing with clients.

206 "Carly Onopa she/her/hers" (2318640384)

00:30:45.419 --> 00:30:52.559

When was a time, that movement was enjoyable to me. What was different about that time often? We see that.

207 "Carly Onopa she/her/hers" (2318640384)

00:30:52.559 --> 00:30:57.329

Exercises most enjoyable when it's something that we enjoy doing.

208 "Carly Onopa she/her/hers" (2318640384)

00:30:57.329 --> 00:31:02.969

And we were not also dieting, or in the eating disorder at the same time.

209 "Carly Onopa she/her/hers" (2318640384)

00:31:02.969 --> 00:31:17.609

Do I prefer exercising on my own, or with other people and then kind of asking like, why is it easier for me to exercise on my own and not be bothered with other people?

210 "Carly Onopa she/her/hers" (2318640384)

00:31:17.609 --> 00:31:21.689

And that is a way for them to, like, oftentimes.

211 "Carly Onopa she/her/hers" (2318640384)

00:31:21.689 --> 00:31:29.069

Not often, but sometimes we see that people exercising alone. Like, it's an easier for them to act on more.

212 "Carly Onopa she/her/hers" (2318640384)

00:31:29.069 --> 00:31:49.069

Distorted thoughts, beliefs, behaviors around exercise, um, versus in a group of other people. Some people don't like exercising with other people for totally legitimate reasons. So really trying to ask what they prefer and then have them get to the root at like, why is that? The preference.

213 "Carly Onopa she/her/hers" (2318640384)

00:31:49.069 --> 00:32:09.199

And then this is a really revealing question, especially for people who have, like, a compensatory relationship with exercise is that if I knew my body wouldn't change what I still want to do this type of movement, some people will say, like, yeah. Like, I just really enjoy this activity.

214 "Carly Onopa she/her/hers" (2318640384)

00:32:09.199 --> 00:32:14.429

And some people will be like, no, I actually hate this activity. I just do it because I think that it'll.

215 "Carly Onopa she/her/hers" (2318640384)

00:32:14.429 --> 00:32:18.839

Give me the body that I want you to thing and so when we've.

216 "Carly Onopa she/her/hers" (2318640384)

00:32:18.839 --> 00:32:36.629

When I've had clients, answer these questions, these are not the only questions I have them journal about, but it's a pretty good start. It reveals their distorted beliefs about exercise. It helps me cultivate some, like, nutrition education. That might be helpful where we can reality check or where we can.

217 "Carly Onopa she/her/hers" (2318640384)

00:32:36.629 --> 00:32:46.019

Just, like, get to the science behind, like, what is actually going on, um, and to help them through some of these difficult questions.

218 "Carly Onopa she/her/hers" (2318640384)

00:32:49.049 --> 00:32:54.359

And then here are some topics, nutrition education topics that I often.

219 "Carly Onopa she/her/hers" (2318640384)

00:32:54.359 --> 00:33:01.559

We'll discuss with clients, there's just so much misinformation about exercise and nutrition out there.

220 "Carly Onopa she/her/hers" (2318640384)

00:33:01.559 --> 00:33:10.529

Because every person has a relationship with food, and every person has a body and so people that tend to have.

221 "Carly Onopa she/her/hers" (2318640384)

00:33:10.529 --> 00:33:15.719

Bodies that are widely accepted by society, which tends to be then.

222 "Carly Onopa she/her/hers" (2318640384)

00:33:15.719 --> 00:33:28.259

People are spreading a lot of information about, like, if you eat and exercise like me, you can look like me and that's not really what we see in practice that there's.

223 "Carly Onopa she/her/hers" (2318640384)

00:33:28.259 --> 00:33:35.429

Are many ways to have a body, and we're really trying to uncouple exercise for weight loss. And so.

224 "Carly Onopa she/her/hers" (2318640384)

00:33:35.429 --> 00:33:42.089

Education is 1 of the ways for me to help my clients work on their relationship with food and exercise.

225 "Carly Onopa she/her/hers" (2318640384)

00:33:42.089 --> 00:33:45.449

Whether they're medically clear or not. Um.

226 "Carly Onopa she/her/hers" (2318640384)

00:33:45.449 --> 00:33:54.839

And so it's very common for me to address specific energy and fluid needs with clients that as a dietitian.

227 "Carly Onopa she/her/hers" (2318640384)

00:33:54.839 --> 00:34:01.499

That's something that is part of being able to prescribe nutrition to people.

228 "Carly Onopa she/her/hers" (2318640384)

00:34:01.499 --> 00:34:10.229

I would not prescribe it in terms of, like, you need X, number of calories or anything like that but rather just.

229 "Carly Onopa she/her/hers" (2318640384)

00:34:10.229 --> 00:34:13.409

Providing education on the fact that, like, when we.

230 "Carly Onopa she/her/hers" (2318640384)

00:34:13.409 --> 00:34:33.409

Move our body, it requires more nutrition and then also doing an education on overall metabolism. A lot of people have the misconception that you have to exercise to burn off all your food. And they don't understand that there's like a whole metabolic rate that supports, like, every single body.

231 "Carly Onopa she/her/hers" (2318640384)

00:34:33.409 --> 00:34:37.289

Function in our entire body, and that happens at rest.

232 "Carly Onopa she/her/hers" (2318640384)

00:34:37.289 --> 00:34:41.459

And so I do a lot of general metabolism.

233 "Carly Onopa she/her/hers" (2318640384)

00:34:41.459 --> 00:34:57.539

Education as well, I will often either during session when we're

talking about exercise, or if they've done 1 of the journaling assignments from the previous slide, we'll talk through disordered thoughts about exercise where, if I'm hearing some.

234 "Carly Onopa she/her/hers" (2318640384)

00:34:57.539 --> 00:35:09.449

Dysfunctional exercise thoughts I'll be like, okay, let's stop. Let's look at what you just said. What does that sound like to you and then, like, let's look at, like, what is the reality around that where we start to.

235 "Carly Onopa she/her/hers" (2318640384)

00:35:09.449 --> 00:35:14.609

Build skills around, like, identifying disordered beliefs and then.

236 "Carly Onopa she/her/hers" (2318640384)

00:35:14.609 --> 00:35:18.329

Fact, checking them or replacing them with recovery oriented thoughts.

237 "Carly Onopa she/her/hers" (2318640384)

00:35:18.329 --> 00:35:21.509

Some examples of like.

238 "Carly Onopa she/her/hers" (2318640384)

00:35:21.509 --> 00:35:29.849

Distorted exercise beliefs would be like, no pain. No gain or more is always better. Rest days are unnecessary.

239 "Carly Onopa she/her/hers" (2318640384)

00:35:29.849 --> 00:35:36.989

Or, like, how their specific body responds to exercise, whether it's like.

240 "Carly Onopa she/her/hers" (2318640384)

00:35:36.989 --> 00:35:49.919

Oftentimes, it can be magnified or, like, I did all this stuff, and it didn't make a difference same thing and so trying to help them understand the proper place for exercise in their recovery.

241 "Carly Onopa she/her/hers" (2318640384)

00:35:49.919 --> 00:35:57.419

I will talk with clients about the difference between exercising in the context of the eating disorder.

242 "Carly Onopa she/her/hers" (2318640384)

00:35:57.419 --> 00:36:12.329

And then the difference between that and exercising, when someone is nourished, I will stress how healing rusty's are and how the body is still using energy on rest days. And that rest days can help us.

243 "Carly Onopa she/her/hers" (2318640384)

00:36:12.329 --> 00:36:16.679

Improve our overall performance if I'm talking with somebody who's.

244 "Carly Onopa she/her/hers" (2318640384)

00:36:16.679 --> 00:36:21.059

A young athlete or collegiate athlete um.

245 "Carly Onopa she/her/hers" (2318640384)

00:36:21.059 --> 00:36:29.399

I will, or even if they're not an athlete, like, birthdays are still important, they help us heal and restore tissues and all that.

246 "Carly Onopa she/her/hers" (2318640384)

00:36:29.399 --> 00:36:49.399

For athletes that are in their return to sport phase, I'll do more specifics on sports, nutrition topics, such as specific feeling strategies timing of nutrition. We'll talk through. Let's say I have a swimmer, the case study that we'll talk about. Today's a swimmer where we'll talk about, like, what.

247 "Carly Onopa she/her/hers" (2318640384)

00:36:49.399 --> 00:37:09.399

For what are the specific events that you're swimming? Like, what does your practice look like? Okay how do we get the nutrition that we need to cover? Our energy needs at specific times where you feel like, you can physically eat them without feeling ill during practices. It still supports your overall recovery. It still supports your performance. Um, so that would be more kind of like.

248 "Carly Onopa she/her/hers" (2318640384)

00:37:09.399 --> 00:37:12.899

Final stage of safe exercise at every stage.

249 "Carly Onopa she/her/hers" (2318640384)

00:37:12.899 --> 00:37:19.889

There are other things I'm sure that I educate on, but these were the ones that tend to come up the most often.

250 "Carly Onopa she/her/hers" (2318640384)

00:37:19.889 --> 00:37:25.589

And so now let's talk about joyful movement so when we're talking about.

251 "Carly Onopa she/her/hers" (2318640384)

00:37:25.589 --> 00:37:32.039

When I provide clients with all the education and go through the journal problems like, this is ultimately the goal.

252 "Carly Onopa she/her/hers" (2318640384)

00:37:32.039 --> 00:37:39.839

4 clients is that they find a more peaceful relationship with exercise and a common term for that is joyful movement.

253 "Carly Onopa she/her/hers" (2318640384)

00:37:39.839 --> 00:37:50.939

Joyful movement is movement that is accessible for all people. It also is what is most enjoyable to you? So that it takes into account.

254 "Carly Onopa she/her/hers" (2318640384)

00:37:50.939 --> 00:37:57.239

Your preference and acknowledges that there's not 1, right way to move your body that.

255 "Carly Onopa she/her/hers" (2318640384)

00:37:57.239 --> 00:38:17.239

There are many ways that we can move our body and that we don't have to move our bodies specifically in the way that the person on Instagram says to or the person on the weight loss commercial sets too. But the right way is moving your body in a way that you enjoy or in a way that you just like because some people just don't like exercise and that's okay.

256 "Carly Onopa she/her/hers" (2318640384)

00:38:17.239 --> 00:38:28.200

It's movement that can enhance a person's health and I think it's important that we acknowledge that this could be physical health, mental health, spiritual health.

257 "Carly Onopa she/her/hers" (2318640384)

00:38:28.200 --> 00:38:33.900

Occupational Health what have you? Um, there are many aspects to help besides.

258 "Carly Onopa she/her/hers" (2318640384)

00:38:33.900 --> 00:38:36.930

Just physical health and so, um.

259 "Carly Onopa she/her/hers" (2318640384)

00:38:36.930 --> 00:38:40.500

It's not that exercise has to improve all these areas, but.

260 "Carly Onopa she/her/hers" (2318640384)

00:38:40.500 --> 00:38:45.000

It's okay, if we're doing something more for our mental health than our physical health and so.

261 "Carly Onopa she/her/hers" (2318640384)

00:38:45.000 --> 00:38:54.570

Doing things that feel right for you the drive for exercise is not

intentional weight loss when we're talking about joyful movement.

262 "Carly Onopa she/her/hers" (2318640384)

00:38:54.570 --> 00:39:08.070

And movement is on is coupled with adequate nutrition so we are focused on, like, nursing our body because that is what helps us derive many of the benefits of exercise when we're exercising.

263 "Carly Onopa she/her/hers" (2318640384)

00:39:08.070 --> 00:39:19.170

And we're under nourish our body is kind of viewing that as starvation. And so it has this, like, cascade of things that happen and exercise feels pretty miserable when that's the case.

264 "Carly Onopa she/her/hers" (2318640384)

00:39:19.170 --> 00:39:31.050

When we nurture our exercise and do things that we actually enjoy this can change our perspective on exercise from something we have to do to potentially something that we look forward to.

265 "Carly Onopa she/her/hers" (2318640384)

00:39:31.050 --> 00:39:35.220

Um, it feels less of a chore to some people.

266 "Carly Onopa she/her/hers" (2318640384)

00:39:35.220 --> 00:39:46.110

It's also important to me that we acknowledge that joyful movement also respects an individual's body autonomy meaning that they have the right to make the decision.

267 "Carly Onopa she/her/hers" (2318640384)

00:39:46.110 --> 00:39:58.920

To move, or not move and that that decision is to be respected equally. Um, there's not morality assigned to movement or not movement, um, or to.

268 "Carly Onopa she/her/hers" (2318640384)

00:39:58.920 --> 00:40:06.720

So, I thought we would look at a case study, um, that might help us.

269 "Carly Onopa she/her/hers" (2318640384)

00:40:06.720 --> 00:40:14.550

Um, how this, like, kind of looks in practice. Um, so I have, um.

270 "Carly Onopa she/her/hers" (2318640384)

00:40:14.550 --> 00:40:27.510

A friend that I'm going to introduced, uh, we're just going to call her. See, um, she is she was born female and identifies this female. She's 19 years old and is a collegiate swimmer.

271 "Carly Onopa she/her/hers" (2318640384)
00:40:27.510 --> 00:40:30.540
She's currently, um.

272 "Carly Onopa she/her/hers" (2318640384)
00:40:30.540 --> 00:40:50.540
Before we get into that, she was asked to leave the team, her swim team for a medical leave of absence, and was encouraged to take the semester off by her school. So she's in college but they told her go home, get better before you come back. So, she was in residential and then is currently in PHP, which is.

273 "Carly Onopa she/her/hers" (2318640384)
00:40:50.540 --> 00:40:56.040
A day program for eating sort of support. So it's about anywhere from, like.

274 "Carly Onopa she/her/hers" (2318640384)
00:40:56.040 --> 00:41:01.920
7 to 12 hours a day 5 to 7 days a week. Um.

275 "Carly Onopa she/her/hers" (2318640384)
00:41:01.920 --> 00:41:12.180
There are fiscal findings listed on the slide if you don't have them I'll kind of go through them briefly. So she has low electrolytes, meaning sodium potassium chloride.

276 "Carly Onopa she/her/hers" (2318640384)
00:41:12.180 --> 00:41:20.790
Um, she's high emily's emily's is a lab that can be used to be indicative of purging behavior. It's not.

277 "Carly Onopa she/her/hers" (2318640384)
00:41:20.790 --> 00:41:25.860
A perfect measure, but, um, it can be high when somebody is purging.

278 "Carly Onopa she/her/hers" (2318640384)
00:41:25.860 --> 00:41:45.860
She has a very high heart rate that's also called tachycardia another physical symptom. That is pretty common when somebody is purging and blood pressure changes when she is shifting position. So, when she moves from lying to sitting to standing her blood pressure is dropping in her heart rate.

279 "Carly Onopa she/her/hers" (2318640384)
00:41:45.860 --> 00:41:53.340
Increasing the combination of these findings point 2, bulimia nervosa. Um, and.

280 "Carly Onopa she/her/hers" (2318640384)

00:41:53.340 --> 00:41:59.610

When I was talking with her, I would define her relationship with exercise like.

281 "Carly Onopa she/her/hers" (2318640384)

00:41:59.610 --> 00:42:06.750

As dysfunctional when we talk about the umbrella term, but within that, I would define it as, like, compensatory and excessive.

282 "Carly Onopa she/her/hers" (2318640384)

00:42:06.750 --> 00:42:10.230

Compensatory because she is using.

283 "Carly Onopa she/her/hers" (2318640384)

00:42:10.230 --> 00:42:16.950

Exercise to manage her wait and offset her food and excessive because it's a collegiate swimmer. She is.

284 "Carly Onopa she/her/hers" (2318640384)

00:42:16.950 --> 00:42:27.300

She already has high volume training, um, but with her being under nourished, um, and purging, she's not able to keep up with the demands of her.

285 "Carly Onopa she/her/hers" (2318640384)

00:42:27.300 --> 00:42:35.760

Sport nutritional findings is that she often restricts early in the day and she'll binge at night and then per day after benching.

286 "Carly Onopa she/her/hers" (2318640384)

00:42:35.760 --> 00:42:46.320

She has binge purge behaviors about 2 times per day, and she exercises extra outside of her practices to keep from getting too much weight.

287 "Carly Onopa she/her/hers" (2318640384)

00:42:46.320 --> 00:42:54.360

So, let's look at her treatment progression, using kind of that seed exercise at every stage model.

288 "Carly Onopa she/her/hers" (2318640384)

00:42:54.360 --> 00:43:05.580

So, when i1st met with the, she was very, very motivated to return to swimming that was like, what she talked about, like our 1st session. Um.

289 "Carly Onopa she/her/hers" (2318640384)

00:43:05.580 --> 00:43:08.850

And I told her that to start, it wasn't.

290 "Carly Onopa she/her/hers" (2318640384)

00:43:08.850 --> 00:43:20.520

Like, right now it wasn't currently safe for her to exercise, given the abnormal electrolyte results, and given her eating sort of behaviors. So to help with the normal Labs, we discussed improving her.

291 "Carly Onopa she/her/hers" (2318640384)

00:43:20.520 --> 00:43:36.300

Overall nutritional intake by having consistent meals and snacks, decreasing her purging behavior. Um, we also discussed the need to improve her hydration status so having fluids with all of her meals, um, and again, stopping the purge behavior.

292 "Carly Onopa she/her/hers" (2318640384)

00:43:36.300 --> 00:43:50.910

She also needed to be followed medically with her Labs to make sure that they were improving and stabilizing. So while she was going through the medical stabilization process, we kind of just talked about swimming. Like, it wasn't ever like.

293 "Carly Onopa she/her/hers" (2318640384)

00:43:50.910 --> 00:43:58.830

No, we can't talk about this because you can't swim, but rather, like, trying to be open about, like, if that's what she wants to talk about.

294 "Carly Onopa she/her/hers" (2318640384)

00:43:58.830 --> 00:44:11.790

Like, yeah, let's talk about swimming. Like, what do you like about it? What is she, what are you missing about swimming? How does it feel for you to have a rest and then try to provide education?

295 "Carly Onopa she/her/hers" (2318640384)

00:44:11.790 --> 00:44:23.670

Body needs for recipes to replenish stores, why it's dangerous for her to engage in movement at this time. Um, and then talking her through the medical clearance process.

296 "Carly Onopa she/her/hers" (2318640384)

00:44:23.670 --> 00:44:39.660

When she was actually medically cleared for movement, um, her therapist, and I collaborated, um, and we decided that, um, there were some things we wanted her to work on, but once she started meeting some of those, um.

297 "Carly Onopa she/her/hers" (2318640384)

00:44:39.660 --> 00:44:49.830

She was engaged in programming. She was doing her therapeutic assignments. We decided that she could start with mind body movement. So our.

298 "Carly Onopa she/her/hers" (2318640384)

00:44:49.830 --> 00:44:58.470

Our program had in mind body group that she could already participate in once a week and then we just had her participate.

299 "Carly Onopa she/her/hers" (2318640384)

00:44:58.470 --> 00:45:08.850

In, like 2 or 3 more sessions outside of that to start and we talked about how it is helpful in general to have that mind body connection. Um.

300 "Carly Onopa she/her/hers" (2318640384)

00:45:08.850 --> 00:45:12.090

So, that way, she can understand what her body is communicating for.

301 "Carly Onopa she/her/hers" (2318640384)

00:45:12.090 --> 00:45:18.750

To her when it comes to food intake rest, when it feels good to exercise, et cetera.

302 "Carly Onopa she/her/hers" (2318640384)

00:45:18.750 --> 00:45:22.860

Um, and so she did start that she.

303 "Carly Onopa she/her/hers" (2318640384)

00:45:22.860 --> 00:45:26.100

Didn't love it um, but she was.

304 "Carly Onopa she/her/hers" (2318640384)

00:45:26.100 --> 00:45:29.760

Understanding of where we needed to start.

305 "Carly Onopa she/her/hers" (2318640384)

00:45:29.760 --> 00:45:39.270

And she wanted, she really felt that she needed to be doing more. And so that was a topic that we discussed a lot in our individual sessions. And as well with her therapist.

306 "Carly Onopa she/her/hers" (2318640384)

00:45:39.270 --> 00:45:44.400

She was able to follow recommendations for the limited movement that was recommended.

307 "Carly Onopa she/her/hers" (2318640384)

00:45:44.400 --> 00:46:00.180

As she started to demonstrate like, some healing in her mindset, particularly on her rest phase, we decided that it could be beneficial to explore movement, um, outside of the water. So we weren't doing return to sport yet with her getting in the water. She.

308 "Carly Onopa she/her/hers" (2318640384)

00:46:00.180 --> 00:46:16.650

Shared during our discussions, or our sessions that she wanted to try migrating and so we said, okay, you can go for bike ride. Let's try it. 1 time for 20 minutes are up to 20 minutes and has to be supervised by a family member.

309 "Carly Onopa she/her/hers" (2318640384)

00:46:16.650 --> 00:46:31.380

Um, and so we started with that, she logged her thoughts before during and after, like we talked about and it seemed like that was okay. Um, so she was able to progress to hire.

310 "Carly Onopa she/her/hers" (2318640384)

00:46:31.380 --> 00:46:36.720

Frequency so up to 3 days per week, um, usually when I'm giving clients.

311 "Carly Onopa she/her/hers" (2318640384)

00:46:36.720 --> 00:46:41.910

Ideas for like frequency and intensity or.

312 "Carly Onopa she/her/hers" (2318640384)

00:46:41.910 --> 00:46:57.660

Time I will use language of up to 20 minutes up to 3 days and then I will continue to explore like, are they always doing 20 minutes? Are they always doing 3 days and why is it that they're always doing those? And then I might.

313 "Carly Onopa she/her/hers" (2318640384)

00:46:57.660 --> 00:47:07.830

Upper in some exposure around, like, okay, what would it be like, for you to do 10 minutes on 1 of these days or to stop early on another day? Um.

314 "Carly Onopa she/her/hers" (2318640384)

00:47:07.830 --> 00:47:16.560

So, trying to continue to explore some of their thoughts around exercise, even when we're in kind of that progressive stage.

315 "Carly Onopa she/her/hers" (2318640384)

00:47:16.560 --> 00:47:36.560

So kind of on that on that thought at 1st sheet, that would make all 3 days per week and 20 minutes each time while she that, while she did this, she explored the idea of not having to do the most each time. She exercise and what it would be like for her to stop and so we also monitor to make sure that she was.

316 "Carly Onopa she/her/hers" (2318640384)

00:47:36.560 --> 00:47:42.450

Having enough nutrition while we were exploring her relationship with me, then.

317 "Carly Onopa she/her/hers" (2318640384)

00:47:42.450 --> 00:48:01.560

As she progressed through the program down to a lower level of care, um, this would be like, iop would be the next stage. So that is still a date program, but it's about 3 hours of support anywhere from 3 days a week to 6 days a week. Um.

318 "Carly Onopa she/her/hers" (2318640384)

00:48:01.560 --> 00:48:21.560

So she was able to maintain her eating sort of recovery, reduce behaviors, stable weight. Um, she was enjoying biking um, it was summer at this point, and she was working as a lifeguard, and she would have to do like a swim test. So, we felt like we needed to get her at least some exposure in the water. Um, and so she would.

319 "Carly Onopa she/her/hers" (2318640384)

00:48:21.560 --> 00:48:29.280

Discuss the challenges of being an, a bathing suit, and how this is activating for her body image and she was able to.

320 "Carly Onopa she/her/hers" (2318640384)

00:48:29.280 --> 00:48:36.900

Navigate this and reduce the emphasis on her body with support from myself and her therapist and towards the end of.

321 "Carly Onopa she/her/hers" (2318640384)

00:48:36.900 --> 00:48:44.370

The summer her coach had asked her about like, how is she doing? Is she coming back to the school?

322 "Carly Onopa she/her/hers" (2318640384)

00:48:44.370 --> 00:48:48.000

Um, and so she wasn't sure so she didn't actually like.

323 "Carly Onopa she/her/hers" (2318640384)

00:48:48.000 --> 00:48:57.660

Email them back right away. She expressed wanting to try swimming because of the reason she missed me. Um, but when she.

324 "Carly Onopa she/her/hers" (2318640384)

00:48:57.660 --> 00:49:02.670

But also acknowledged that she was kind of nervous about it and so we were like, you know, why don't, you.

325 "Carly Onopa she/her/hers" (2318640384)

00:49:02.670 --> 00:49:07.080

Why don't you try to do a couple swims supervised swimming?

326 "Carly Onopa she/her/hers" (2318640384)

00:49:07.080 --> 00:49:27.080

Couple labs of your favorite stroke. See how it feels. Um, we also encouraged her to use a coping skills called 5 senses where you try and pay attention to, like, your 5 senses during movement. She did this a couple times without it, leading to an increase in eating sort of behaviors and she decided that while she and.

327 "Carly Onopa she/her/hers" (2318640384)

00:49:27.080 --> 00:49:41.370

The light swimming she was doing, she didn't actually want to return back to collegiate swimming. Her decision felt right to her and allowed her to incorporate a more relaxed approach towards movement. And she realized that she wasn't actually getting.

328 "Carly Onopa she/her/hers" (2318640384)

00:49:41.370 --> 00:49:45.480

A lot of joy out of the sport as she thought, but she would, um.

329 "Carly Onopa she/her/hers" (2318640384)

00:49:45.480 --> 00:49:53.100

So she decided to choose movement she enjoyed and to have a balance of different activities then folks, rather than focusing on just swimming.

330 "Carly Onopa she/her/hers" (2318640384)

00:49:53.100 --> 00:50:02.400

Um, well, that is what happened for this specific person. This is not always the desired outcome or not even always the outcome in general.

331 "Carly Onopa she/her/hers" (2318640384)

00:50:02.400 --> 00:50:11.970

Um, people can return to their sport. People can also walk away from their sport. They can decide they don't want to move their body at all. They can decide that.

332 "Carly Onopa she/her/hers" (2318640384)

00:50:11.970 --> 00:50:31.970

They want to move their body and try different types of movement to move, or not to move is an incredibly personal decision that each person has their own autonomy to make in their recovery process. And so we should respect what that person decides is best for their body, assuming they're in, like, a recovery focus mindset and.

333 "Carly Onopa she/her/hers" (2318640384)

00:50:31.970 --> 00:50:37.380

And that's part of the role that a treatment team is helping with.

334 "Carly Onopa she/her/hers" (2318640384)

00:50:37.380 --> 00:50:55.350

So, I'm gonna stop here, so I have references on the slides if you're interested in reading more, but I wanted to make sure I save some time for questions if there are any. So thank you all so much. And if you have questions, I would love to answer them at this time.

335 "Allender, Lauren" (854390528)

00:51:26.087 --> 00:51:32.790

Okay, thank you so much. And we do have 3 questions in queue at this time.

336 "Allender, Lauren" (854390528)

00:51:32.790 --> 00:51:37.903

The 1st, 1 is what does an eating disorder look like in a person who is.

337 "Carly Onopa she/her/hers" (2318640384)

00:51:37.903 --> 00:51:42.270

Yeah, great question. Um.

338 "Carly Onopa she/her/hers" (2318640384)

00:51:42.270 --> 00:51:49.080

The answer to that is that it can look like any of the eating disorders. So, um.

339 "Carly Onopa she/her/hers" (2318640384)

00:51:49.080 --> 00:51:54.180

Right now, um, the DSM is still fairly.

340 "Carly Onopa she/her/hers" (2318640384)

00:51:54.180 --> 00:52:00.870

Um, that phobic, I would say, um, where we see them.

341 "Carly Onopa she/her/hers" (2318640384)

00:52:00.870 --> 00:52:09.150

Like, there's what's called an, a typical anorexia under the diagnosis, which is other specified feeding or eating disorder.

342 "Carly Onopa she/her/hers" (2318640384)

00:52:09.150 --> 00:52:27.930

And what we know is that a typical anorexia is basically higher weight anorexia for people who have the same eating disorder behaviors. Um, but don't need the low BMI criteria. But a typical anorexia is far more common than, like, anorexia nervosa.

343 "Carly Onopa she/her/hers" (2318640384)

00:52:27.930 --> 00:52:36.060

Um, and so I'm hoping that there is going to be some progression toward the change, but so far, um.

344 "Carly Onopa she/her/hers" (2318640384)
00:52:36.060 --> 00:52:43.860
Or eating disorders in higher weight people, or plus these people to,
like, match language um.

345 "Carly Onopa she/her/hers" (2318640384)
00:52:43.860 --> 00:52:48.660
It really the behaviors can run the gamut. They can be restricting.

346 "Carly Onopa she/her/hers" (2318640384)
00:52:48.660 --> 00:53:00.360
They can be purging, they can be benching and so really trying to do a
full nutrition assessment to see what are those behaviors and really
trying to address and.

347 "Carly Onopa she/her/hers" (2318640384)
00:53:00.360 --> 00:53:09.570
Help them reduce their eating disorder behaviors and then the other
part of that recovery process is often.

348 "Carly Onopa she/her/hers" (2318640384)
00:53:09.570 --> 00:53:13.890
Like, helping, like, hold space for.

349 "Carly Onopa she/her/hers" (2318640384)
00:53:13.890 --> 00:53:21.690
Just the oppressive culture around that we have around weight and,
like, being.

350 "Carly Onopa she/her/hers" (2318640384)
00:53:21.690 --> 00:53:33.780
This desire for low body lead, or the thin ideal, and so helping them
grieve what they might have had if they were to continue doing their
eating for behaviors will also.

351 "Carly Onopa she/her/hers" (2318640384)
00:53:33.780 --> 00:53:46.230
Educating on, like, how dangerous these eating disorder behaviors are.
So, if it's variable as it is in thinner people, um, the short answer,
there's more to unpack just because of the.

352 "Carly Onopa she/her/hers" (2318640384)
00:53:46.230 --> 00:53:55.410
Systemic factors that play where they get praised for doing the same
behaviors that we say we're worried about for lower body weight
individuals.

353 "Carly Onopa she/her/hers" (2318640384)
00:53:55.410 --> 00:53:58.923
Yeah, good question.

354 "Allender, Lauren" (854390528)

00:53:58.923 --> 00:54:10.230

And next question, what about fasting and calorie deficit dieting? I find the only time my weight will move is restricting calories.

355 "Allender, Lauren" (854390528)

00:54:10.230 --> 00:54:14.211

To 1900 to 4,100 daily and I was told, I.

356 "Carly Onopa she/her/hers" (2318640384)

00:54:14.211 --> 00:54:20.520

I needed more. Yeah. Yeah. So I should, I mean, I hope that this is.

357 "Carly Onopa she/her/hers" (2318640384)

00:54:20.520 --> 00:54:24.210

I think that this was in my bio, but, um, my.

358 "Carly Onopa she/her/hers" (2318640384)

00:54:24.210 --> 00:54:29.490

The way I practice nutrition is not from an intentional weight loss standpoint. Um.

359 "Carly Onopa she/her/hers" (2318640384)

00:54:29.490 --> 00:54:48.780

I, if you were working with me, I would absolutely agree that you would need to eat more. Um, and I would like, we would explore your relationship with food and body and exercise and get into all of those spaces because oftentimes.

360 "Carly Onopa she/her/hers" (2318640384)

00:54:48.780 --> 00:54:52.530

The messages that we've received around, like, you have to lose weight.

361 "Carly Onopa she/her/hers" (2318640384)

00:54:52.530 --> 00:55:00.600

For health, or for this, or for that, there's deeply flawed research going on where we're not evaluating the role of.

362 "Carly Onopa she/her/hers" (2318640384)

00:55:00.600 --> 00:55:08.220

Wait stigma, we're not evaluating the role of, or like the fact that, like, health behavior can change a lot of our.

363 "Carly Onopa she/her/hers" (2318640384)

00:55:08.220 --> 00:55:11.730

Health outcomes without weight loss and so there's.

364 "Carly Onopa she/her/hers" (2318640384)

00:55:11.730 --> 00:55:29.100

This pressure to lose weight from a societal standpoint, from a, from medical pressure, and all of these things. And so I think that the reason this presentation, like, if you're feeling a certain way about the presentation, it might be because I.

365 "Carly Onopa she/her/hers" (2318640384)

00:55:29.100 --> 00:55:47.640

I don't I'm not on board with intentional weight loss and so I'm not going to prescribe less nutrition. I, I feel that all, I feel very deeply that all bodies deserve adequate nutrition and a peaceful relationship with movement whatever that looks like it makes sense for an individual and it's not about.

366 "Carly Onopa she/her/hers" (2318640384)

00:55:47.640 --> 00:55:52.560

Tightly managing your weight, but actually improving your health and improving like, you're.

367 "Carly Onopa she/her/hers" (2318640384)

00:55:52.560 --> 00:55:58.050

Overall relationship with all of those things. So I don't know if that answered your question, but.

368 "Carly Onopa she/her/hers" (2318640384)

00:55:58.050 --> 00:56:04.512

Um, that would be my approach.

369 "Allender, Lauren" (854390528)

00:56:04.512 --> 00:56:12.630

And at this time, we only have 1 final question in queue. If you'd like to ask a question, please feel free to type it. Now.

370 "Allender, Lauren" (854390528)

00:56:12.630 --> 00:56:22.170

The final question we have into is do you recommend any books or materials that talk about binge eating and even going as far as meal planning?

371 "Allender, Lauren" (854390528)

00:56:22.170 --> 00:56:29.152

I get tired of planning, so I end up binge eating and ruining the progress. Mm. Hmm. Also any reading materials that work on body.

372 "Carly Onopa she/her/hers" (2318640384)

00:56:29.152 --> 00:56:35.220

Yeah, yeah, great question. I probably have to go back and look through.

373 "Carly Onopa she/her/hers" (2318640384)

00:56:35.220 --> 00:56:41.160

My queue of different books that I recommend. Um, and so.

374 "Carly Onopa she/her/hers" (2318640384)

00:56:41.160 --> 00:56:44.850

Um, but kind of things that come.

375 "Carly Onopa she/her/hers" (2318640384)

00:56:44.850 --> 00:56:49.260

Off the top of my head is that.

376 "Carly Onopa she/her/hers" (2318640384)

00:56:49.260 --> 00:56:59.790

Like, intuitive eating tends to be a good book to start in terms of, like, healing our relationship with food body exercise. Like, I think a lot of people think that.

377 "Carly Onopa she/her/hers" (2318640384)

00:56:59.790 --> 00:57:04.650

As a behavior is like from.

378 "Carly Onopa she/her/hers" (2318640384)

00:57:04.650 --> 00:57:24.650

Laziness or from, like like, there's a lot of, like, misconceptions about benching and that, like, there's, there's still a psychological route. It's an eating disorder. There's a psychological component and there's a physical component, and that there's a psychological driver and that that's an important piece to explore. So, I think if you're.

379 "Carly Onopa she/her/hers" (2318640384)

00:57:24.650 --> 00:57:32.070

Not connected with a dietician or therapist. I think that would be helpful as opposed to like, hey, here's a meal.

380 "Carly Onopa she/her/hers" (2318640384)

00:57:32.070 --> 00:57:38.250

Here's a meal planning book, um, if you're not really having a lot of capacity to.

381 "Carly Onopa she/her/hers" (2318640384)

00:57:38.250 --> 00:57:44.010

Neil plan, like, I don't know if a book is really the right thing. Um.

382 "Carly Onopa she/her/hers" (2318640384)

00:57:44.010 --> 00:57:56.070

As somebody who, like, ends up resource building myself and has a hard time with follow through. Um, and so I think like getting support. So oftentimes when I have clients that are having difficulty with.

383 "Carly Onopa she/her/hers" (2318640384)

00:57:56.070 --> 00:58:12.210

Meal planning, I will talk with them about, like, what are things that are, like, financially feasible like, does it make more sense for us to get groceries delivered? Does it make sense for us to select like, frozen foods from.

384 "Carly Onopa she/her/hers" (2318640384)

00:58:12.210 --> 00:58:17.040

The freezer section, and to help us meet our nutritional needs.

385 "Carly Onopa she/her/hers" (2318640384)

00:58:17.040 --> 00:58:29.190

How can we make food easier and more accessible for you to be more successful with having consistent meals and snacks? Um, because that is the piece that can help reduce sponging behavior.

386 "Carly Onopa she/her/hers" (2318640384)

00:58:29.190 --> 00:58:35.700

Overall, so intuitive eating can be something that helps with, like, the relationship with food.

387 "Carly Onopa she/her/hers" (2318640384)

00:58:35.700 --> 00:58:52.710

Um, I'm sure there's so many, and I'm just totally blinking on them if you or if anybody has other questions. I'm also happy to answer them. Um, 1:1: on 1 my email, I can put in the chat, but it's Carly at devoted recovery dot com.

388 "Carly Onopa she/her/hers" (2318640384)

00:58:52.710 --> 00:59:11.610

Um, let me see if I can put it to everyone. Actually, not just the panelists. Um, and I'd be happy to chat with you. Um, 1 on 1 to answer any questions that you have. Um, but, yeah, I think those are.

389 "Carly Onopa she/her/hers" (2318640384)

00:59:11.610 --> 00:59:19.050

And and then, I think 1 more question just came in.

390 "Carly Onopa she/her/hers" (2318640384)

00:59:22.410 --> 00:59:28.020

Which was how does an individual determine what the appropriate calorie level is to maintain a healthy weight.

391 "Carly Onopa she/her/hers" (2318640384)

00:59:28.020 --> 00:59:32.550

Along with moderate exercise. Um, so I'm sure if you.

392 "Carly Onopa she/her/hers" (2318640384)

00:59:32.550 --> 00:59:41.580

Went to a different dietitian, or Googled it they would spit out a

number and they'd say, hey, follow this calorie level.

393 "Carly Onopa she/her/hers" (2318640384)

00:59:41.580 --> 01:00:01.580

Ish, that is not my approach. Um, so I focus on consistent meals and snacks that have all food groups maintained. And then we look at how hungry are you like what is your hunger and fullness saying what is your relationship with food saying? What.

394 "Carly Onopa she/her/hers" (2318640384)

01:00:01.580 --> 01:00:21.580

What's going on behavior? Really what's going on emotionally um, and so trying to take more of an individual lives approach, but also a more like attuned approach, um, as far as that is necessary or, like, as far as that's accessible for some people for some people that have a hard time breathing their body.

395 "Carly Onopa she/her/hers" (2318640384)

01:00:21.580 --> 01:00:32.940

Use I might be a little bit more prescriptive, but it's more a trial and error just because there's variability in body types in how they respond to activities. And.

396 "Carly Onopa she/her/hers" (2318640384)

01:00:32.940 --> 01:00:36.450

All of that so, um, I'm not gonna like.

397 "Carly Onopa she/her/hers" (2318640384)

01:00:36.450 --> 01:00:41.580

Spit out on an equation or a number to use type thing. So.

398 "Allender, Lauren" (854390528)

01:00:48.133 --> 01:00:53.610

At this time we have no additional questions in the queue.

399 "Allender, Lauren" (854390528)

01:00:53.610 --> 01:00:59.820

Um, thank you so much for attending and thank you, Carly for providing such wonderful information.

400 "Allender, Lauren" (854390528)

01:00:59.820 --> 01:01:07.380

Again, if you have questions about therapies discussed today, please contact the eating disorder team by calling the number on the back of your insurance card.

401 "Allender, Lauren" (854390528)

01:01:07.380 --> 01:01:16.316

And please be sure to mark your calendars to join us on May 28 as we will be discussing finding peace with body image. Thank you so much

and be.

402 "Carly Onopa she/her/hers" (2318640384)

01:01:16.316 --> 01:01:18.960

Oh, thanks everybody.