WEBVTT

1 "Allender, Lauren" (1823584256)
00:00:00.000 --> 00:00:10.939
Welcome and thank you for calling into Signa's 2024 eating Disorder awareness series. My name is Lauren.

2 "Bridget Shertzer, LPC" (1298264320)
00:00:10.939 --> 00:00:14.283
And I'm a case manager for the eating disorder team.

3 "Allender, Lauren" (1823584256)
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Due to the format of this call, you will not be able to ask questions during the teleconference. The conference will be opened up for Q and A at the completion of the presentation. Although you do.

4 "Bridget Shertzer, LPC" (1298264320)
00:00:24.116 --> 00:00:27.885
You have the option of submitting questions during the teleconference.

5 "Allender, Lauren" (1823584256)
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You can follow along to the presentation through the teleconference. You can also access the presentation for today's seminar online at www.cigna/eating disorders. Scroll to current topic section in the middle of your page and click on today's topic labeled demystifying the eating disorder, understanding the risk, symptoms, and treatment. Please note that not all policies cover today's topic. For more specific information if your policy covers topics discussed in today's seminar, please contact.

6 "Allender, Lauren" (1823584256)
00:00:59.180 --> 00:01:04.915
The eating disorder team by calling the number on the back of your insurance card.

7 "Bridget Shertzer, LPC" (1298264320)
00:01:04.915 --> 00:01:08.264
Today I have the pleasure of introducing Bridget Shirtzer.

8 "Allender, Lauren" (1823584256)
00:01:08.264 --> 00:01:38.250
Bridget Chartzer is the site director of the Rentfroof Center of Philadelphia Center City. Bridget obtained her bachelor's degree in psychology from West Chester University of Pennsylvania and her master's degree in clinical and counseling psychology from Chestnunt Hill College. She has extensive experience in direct client care, having previously worked case management and community mental health and various higher levels of care. Bridget started at the Rentfrew

Center in 2017 as a utilization review coordinator.

9 "Allender, Lauren" (1823584256)
00:01:38.250 --> 00:02:02.613
For the Philadelphia resent residential sites where she gained expertise in patient advocacy and navigating managed care sent system. In 2019, she took on the role of primary therapist and was a part of the opening team for the Philadelphia Center City site. She was later promoted to team leader in 2022 before taking on the role as site director. Welcome Bridget.

10 "Bridget Shertzer, LPC" (1298264320)
00:02:02.613 --> 00:02:34.450
Thank you Lauren. Thank you for having me. Yeah, so like I said, thank you everybody for having me on this presentation today. We're just going to be talking a little bit about the general signs and symptoms of eating disorders. We'll be covering quite a few different some of the main eating disorders that we see in treatments, the more popular ones, and we'll also talk about a little bit more of the unknown ones as well. And, we're also going to be.

11 "Bridget Shertzer, LPC" (1298264320)
00:02:34.450 --> 00:02:54.450
Talking about some of the approaches and tools that you can work with especially when working with adolescents and families and I will review towards the end of the presentation how to refer a client to a higher level of care, and, and what that might look like when looking at when working with a client or a client's family in knowing.

12 "Bridget Shertzer, LPC" (1298264320)
00:02:54.450 --> 00:03:05.070
When that needs to be a conversation in terms of treatment. So we can go to the next slide.

13 "Bridget Shertzer, LPC" (1298264320)
00:03:05.070 --> 00:03:21.210
Oh yeah, so this is just a highlight of some of the goals that I just mentioned talking about the complexity of eating disorders, some of the warning signs to look out for signs and symptoms, approaches and tools, and how to refer a client to a higher level of care.

14 "Bridget Shertzer, LPC" (1298264320)
00:03:21.210 --> 00:03:41.210
So we can go to the next slide. So this is just a little bit of an overview of the run through center in general, like Lauren mentioned, I did join the run through center team in 2017 working with, working within utilization review. So I've been with the run through center for a little over seven years now. We are nearing 40 years.

15 "Bridget Shertzer, LPC" (1298264320)

00:03:41.210 --> 00:04:01.210
Of service, we were the 1st treatment facility in the country to recognize eating disorders and come up with a residential treatment modality in order to help start treating primarily women at that point back in 1985. And since then, we have expanded to 19 locations across the united.

16 "Bridget Shertzer, LPC" (1298264320)
00:04:01.210 --> 00:04:21.210
United states, including two virtual programs. Obviously those programs were born out of the pandemic like a lot of virtual programs at the time. And we noticed that as people started to transition back to in person programming and in person treatment, taking away the virtual option would have limited a lot of access at that time. So we kept those two virtual programs.

17 "Bridget Shertzer, LPC" (1298264320)
00:04:21.210 --> 00:04:53.749
Open because it helps to reach populations and reach a communities that are not local to a brick and mortar site. So, that is really one of the positives that came out of the, of the pandemic at the time. We have two residential treatment facilities at this point. The reference center of Philadelphia at Spring Lane. That was the 1st site that opened in 1985 and that is still in, still programming for a residential pro for our 1st residential program. And then we also have the refresenter in coconcrete.

18 "Bridget Shertzer, LPC" (1298264320)
00:04:53.749 --> 00:05:18.439
In Florida, which was our 2nd residential program and that is operating as well. So we can go to the next slide. So I really like this one because, I always include this in a lot of my presentations. This actually kind of gives a really good, really good snapshot of what an eating disorder actually is. So that's a question that I get a lot, not only from patients but from families and also.

19 "Bridget Shertzer, LPC" (1298264320)
00:05:18.439 --> 00:05:38.439
So just from the general public when I'm giving presentations is you know how do I know that somebody has an eating disorder? What's the difference between disordered eating and an eating disorder? So we kind of look at eating disorders on a continuum. If you take a look at the far left hand side, we have body confidence. This is ideally where we would like to be, you know, personal.

20 "Bridget Shertzer, LPC" (1298264320)
00:05:38.439 --> 00:05:58.439
And also we would want our clients and and our loved ones as well to be mostly in the body confidence space. So that is where we're gonna feel mostly positive feelings about our body shape and size. We're

looking at foods as very neutral, there are NO good or bad foods, and we have a pretty balanced relationship with exercise and movement, you know, we're.

21 "Bridget Shertzer, LPC" (1298264320)
00:05:58.439 --> 00:06:25.999
Engaging in movement activities that make us feel good, not necessarily because we want to change our bodies, but for more, you know, internal motivation systems, you know, wanting to feel good, wanting to continue to feel good physically as we age and things like that. Then as we kind of move closer to the left hand side, we go through a preoccupation with body shape and size. This is normally where I think most people kind of exist or they move back and forth between body confidence and pre.

22 "Bridget Shertzer, LPC" (1298264320)
00:06:25.999 --> 00:06:45.999
Occupation. We don't like the way that our body looks totally all of the time. Maybe we think that we can lose a few pounds. We might have some more frequent thoughts about food and eating and more frequent thoughts about changing our body, and then we sometimes might feel guilty or bad about what we've eaten. There might be some dialogue about needing to quote unquote make up for it.

23 "Bridget Shertzer, LPC" (1298264320)
00:06:45.999 --> 00:07:05.999
And this is this is kind of where, like I said, most people sort of exist. This is kind of where society I think keeps a lot of us as well. There, again, some preoccupational body and size, and with eating, but it's not totally taking over various realms of our life. Again, as we move.

24 "Bridget Shertzer, LPC" (1298264320)
00:07:05.999 --> 00:07:25.999
Closer to the left hand side, we start to see an increase in distress when it comes to body shape and eating. We start to think about food more frequently. It starts to interfere with our daily activities. We're starting to notice more rigidity with eating patterns. This is where we're going to see more of the food rules come in. We might see more rigid dieting, and we're also going.

25 "Bridget Shertzer, LPC" (1298264320)
00:07:25.999 --> 00:07:54.229
Trying to see an increase in that guilt or shame when it comes to, having eaten something, either certain types of foods are eaten in general. And we start to see more and more of that compensation behavior. So that might look like increased exercise and movement. It also might look like some of those more concerning compensatory behaviors such as self induced vomiting, pretty, long periods of fasting or restriction following eating.

26 "Bridget Shertzer, LPC" (1298264320)
00:07:54.229 --> 00:08:27.049
And again, like I said the extreme exercise, and then totally to the left hand side is where we have the eating disorder scope. So these are going to be the more well known eating disorders. And really where I start to talk about, a diagnosible eating disorder is where we start to see more of an interference with activities of daily living, you know, social aspects, academic goals, professional goals, things like that. This also, brings into question, does an eating disorder an eating disorder exist sort of in a.

27 "Bridget Shertzer, LPC" (1298264320)
00:08:27.049 --> 00:08:47.049
Vacuum. And the answer to that is NO. A study of more than 2400 individuals that were hospitalized for an eating disorder found that 97 % of them had a current a current echoing condition. And I would say that this is true. In my experience here I could probably, again, I've been here for about seven years. I can count on maybe one hand how many times I have.

28 "Bridget Shertzer, LPC" (1298264320)
00:08:47.049 --> 00:09:07.049
Have treated or direct interacted with a patient who had a primary diagnosis of an eating disorder and that was it. There were NO secondary diagnoses. It's very rare. Most of the time when we have a client coming in for treatment, we are seeing comorbid conditions. The most common ones are anxiety depression, different.

29 "Bridget Shertzer, LPC" (1298264320)
00:09:07.049 --> 00:09:31.879
Moved mood disorders like bipolar, trauma and substance use is a big one. So we're gonna go into a brief overview of the signs and symptoms again for the biggest eating disorders that are out in the field that we hear the most about, we have anorexia, nervosa, balimia, nervosa, binge eating disorder, other specified feeding and eating disorder.

30 "Bridget Shertzer, LPC" (1298264320)
00:09:31.879 --> 00:10:03.529
For this is also known as other specified eating disorder. They did drop the F at one point. And then the new kid on the block is avoidant restrictive food intake disorder or otherwise known as orphad. So if we go to the next slide, we can take a closer look at the symptoms. So if you see all the way on the left hand side, we have anorexia. This is probably the most common eating disorder. This is the one that we see most often depicted in the media as well. This is going to be the constant dieting restriction, a fear of gaining weight.

31 "Bridget Shertzer, LPC" (1298264320)
00:10:03.529 --> 00:10:30.949

You're gonna see a lot of frequency in weighing theirself, sort of an obsessive relationship with the scale. We see sometimes poor body image, but that can be pretty common through any of the eating disorders. We also see a lot of ritual use. So this can be restriction and a lot of food rules, but it also might be excessively chewing your food, keeping food groups separate on their plate excessively cutting up foods. Excuse me.

32 "Bridget Shertzer, LPC" (1298264320)
00:10:30.949 --> 00:10:49.169
So these are going to be a lot of the rituals that sort of make the, the person feel like they are more in control of the food and in control of the meal. We also might see exer excessive exercise. This would be present if a person was experiencing Anorex universa binge purging type.

33 "Bridget Shertzer, LPC" (1298264320)
00:10:49.169 --> 00:11:09.169
And what that means is that, if they do eat, the compensatory exercise isn't always restriction. It can be excessive exercise as well. We're gonna see a difficulty regulating their body temperature, so that often looks like complaining that they're cold a lot of the time. They talk and think excessively about calories, food and cooking.

34 "Bridget Shertzer, LPC" (1298264320)
00:11:09.169 --> 00:11:29.169
There's gonna be a lot of body checking behaviors. So body checking can sometimes look like pinching parts of their body, measuring parts of their body, looking at their appearance a lot, even if they're just like walking down the street and passing by storefronts, you might see them kind of checking out their, their appearance as they're walking by the windows. And then.

35 "Bridget Shertzer, LPC" (1298264320)
00:11:29.169 --> 00:11:54.979
And there's gonna be that very intense anxiety and guilt when it comes to eating. If we move on to balemia, balemia looks a lot like anorexia in some ways. You're still experiencing a lot of obsession overweight and weight fluctuation. You're still seeing sort of that secrency and withdrawn behaviors, but then you're also going to know.

36 "Bridget Shertzer, LPC" (1298264320)
00:11:54.979 --> 00:12:14.979
Notice them retreating to the bathroom a lot especially if they, if their purging is self induced vomiting. So that is something that you want to keep an eye out for. If you know somebody in your life that might be struggling with balemia, after meals, you might see that person excuse themselves to go to the bathroom not too far after they are finished eating. They might have.

37 "Bridget Shertzer, LPC" (1298264320)
00:12:14.979 --> 00:12:34.979
Experiences with dental decay. Again, this is more with self induced vomiting and they might have isophageal issues as well. Sometimes with the frequency of purging, a person might actually tear their orsophagus, which can be a huge medical concern, and so that's again there can be a lot of.

38 "Bridget Shertzer, LPC" (1298264320)
00:12:34.979 --> 00:12:56.899
Physical, physical consequences with, with the purging behavior. But Belimia will also be diagnosed if you have, if you are purging through self induced or not self induced I'm sorry, through exercise, and also periods of restrictions, so that can be sometimes where it might be confusing to, to pull apart whether somebody's.

39 "Bridget Shertzer, LPC" (1298264320)
00:12:56.899 --> 00:13:16.899
Because they can the the behaviors can sometimes overlap and look very similar. Benjadening disorder is going to look a little different although not totally, there is still a lot of preoccupation with weight and body image, but an, and an increase in that withdrawal.

40 "Bridget Shertzer, LPC" (1298264320)
00:13:16.899 --> 00:13:39.779
On behaviors and secrecy, but you're going to see them eating alone and eating secretly. These are the folks that might be e appear to eat regular meals with the family or with their supports. But then if they're driving home from work, they might stop at some fast food restaurants on the way and eat and then get rid of the evidence.

41 "Bridget Shertzer, LPC" (1298264320)
00:13:39.779 --> 00:13:59.779
So that's kind of what we call the performative eating around others, again, appearing to have somewhat of a normal balanced relationship with food, but then in actuality they're hiding a lot of, of overeating tendencies. You might see these folks actually skip or delay breakfast. This can be when they binge the night before.

42 "Bridget Shertzer, LPC" (1298264320)
00:13:59.779 --> 00:14:24.919
That might be somewhat of a compensatory behavior. They'll actually wake up in the morning and be like, ok, new day knew me. I'm gonna start off with skipping breakfast cause I had too much to eat last night and so, you know, I don't I don't wanna, I don't want to eat breakfast. I've already had too much, let me just wait until lunch. But actually what that can cause is an increased risk of.

43 "Bridget Shertzer, LPC" (1298264320)
00:14:24.919 --> 00:14:56.579

Later on in the day. So we do see a lot of people with benjeeting disorder that are caught in that cycle of early restriction in the day, but then their body gets hungry and they start to binge later on in the afternoon and then into the evening. Like I said, you're still gonna see a lot of these folks dieting with a desire to lose weight. That those feelings of shaming guilt are still very present. But these folks are also eating without hunger cues. They are eating past the point of fullness and past the point of satisfaction. So.

44 "Bridget Shertzer, LPC" (1298264320)
00:14:56.579 --> 00:15:16.579
You know, much like the restrictive eating disorders, they are ignoring their hunger and satisfaction queues a lot of the time, but the behaviors just look different. They're a little bit more in the opposite direction. They're ignoring their hunger, and they're, they're especially ignoring those satisfaction cues. And then like I mentioned the last one is the new kid on the block avoidant restrictive food.

45 "Bridget Shertzer, LPC" (1298264320)
00:15:16.579 --> 00:15:36.579
Food intake disorder. This is a restrictive disorder that is a version to foods due to texture or adverse consequences such as a fear of vomiting or a fear of choking. It can also look like just an absolute disinterest in food. Our Fid was something that we noticed more with folks on the auto.

46 "Bridget Shertzer, LPC" (1298264320)
00:15:36.579 --> 00:15:53.429
Some spectrum early on, but and another neurodivergent communities, but we've started to sort of recognize that it can exist outside of neurodivergence. This can look like a lot of people call it extreme picky eating, but it goes beyond that.

47 "Bridget Shertzer, LPC" (1298264320)
00:15:53.429 --> 00:16:13.429
It is picky eating to the point where it's almost a phobia in some ways and that a person often verbalizes a desire or a motivation to increase tolerance to these aversions and these phobias, so they often come into treatment wanting to eat, wanting to.

48 "Bridget Shertzer, LPC" (1298264320)
00:16:13.429 --> 00:16:36.169
Change their relationship with food. And it used to be that there was NO concern about body image. We're kind of changing our mind on that in the field a little bit. What I will say is that a lot of the folks that I've worked with with Arfid do still have some concerns about body image. They might not be to the extent that folks with.

49 "Bridget Shertzer, LPC" (1298264320)

00:16:36.169 --> 00:16:56.169
Other eating disorders have, but there still is a concern about maybe gaining too much weight or a lot of the times what I see is that if a person struggling with Arfid is in a smaller body due to their restriction, they will often want to gain weight. So they still want to change their body image in, in that way.

50 "Bridget Shertzer, LPC" (1298264320)
00:16:56.169 --> 00:17:13.589
They are dissatisfied with the way that they look because they understand that they haven't been eating in a way that's nourishing them and so they want to get to a point where they appear to be more nourished. So that's, that's a part of of our fit that is currently kind of still changing and in transition.

51 "Bridget Shertzer, LPC" (1298264320)
00:17:13.589 --> 00:17:33.589
If we go to the next slide, we can talk a little bit more about the 5th type of eating disorder, which is more of a little bit of a catch all other specified feeding and eating disorder. From what we understand, 50 % of eating disorders are atypical, which basically means that they're not going to meet the very strict car.

52 "Bridget Shertzer, LPC" (1298264320)
00:17:33.589 --> 00:18:06.349
The criteria that's outlined in the DSM. This is especially present for anorexia and bolemia. So a lot of the times what you'll see is these folks will get diagnosed with other specified eating disorder. With anorexia specifically, you, you might see that a lot of people come in and they don't meet the BMI criteria for anorexia, but that doesn't mean that they're not struggling with anorexia. They might have all of the behaviors that are present or might be impacting their way of life in in the same way that somebody who is in a smaller body struggling with anorexia has as well but they're just not meeting.

53 "Bridget Shertzer, LPC" (1298264320)
00:18:06.349 --> 00:18:30.559
That below 18 or less criteria, you know, our bodies genetically sometimes just won't get there and it doesn't mean that we don't need or deserve the same level of treatment and help. So there is a big a big part of my job that's advoca advocating for people who struggle with atypical presentations of these eating disorders. Especially with women.

54 "Bridget Shertzer, LPC" (1298264320)
00:18:30.559 --> 00:18:52.789
As well or or folks at men Straight. You also look, the DSM had the criteria that you needed to be experiencing a manorrea. And again, that doesn't happen for everybody, even they, even somebody who's really significantly struggling with restrictive behaviors and also

might be in a smaller body still might have a period.

55 "Bridget Shertzer, LPC" (1298264320)
00:18:52.789 --> 00:19:14.659
So, again, we try to kind of move away from these very strict criteria that the DSM has, we want to be treating the individual, not the diagnosis per se. So, as a result, some insurance companies might inappropriately reject asphad diagnosis or.

56 "Bridget Shertzer, LPC" (1298264320)
00:19:14.659 --> 00:19:30.149
Might reject reject diagnosing somebody with anorexia who doesn't meet that criteria. So again, this is a way that we kind of try to have these people have the same space and the same opportunities for treatment as anybody else who might be struggling with an eating disorder.

57 "Bridget Shertzer, LPC" (1298264320)
00:19:30.149 --> 00:19:50.149
And this also then buys pulls into account diet culture, right? Because a lot of that diet, a lot of that DSM criteria, if we go to the next slide and talk a little bit more about diet culture, a lot of a lot of the DSM criteria actually will perpetuate.

58 "Bridget Shertzer, LPC" (1298264320)
00:19:50.149 --> 00:20:10.149
Some of the diet culture mindset that's present in society that here at run through we really try to fight against. So if you haven't heard of the term diet culture before, here's your introduction to it. It's, basically the social construct that values thinness over anything else. It's.

59 "Bridget Shertzer, LPC" (1298264320)
00:20:10.149 --> 00:20:29.849
It equates thinness with moral superiority and I'm sure we can all probably think for ourselves ways that diet culture has touched us, affects us even to this day. We all have, have experience with diet culture. It's very sneaky. It pops up everywhere. It pops up in.

60 "Bridget Shertzer, LPC" (1298264320)
00:20:29.849 --> 00:20:49.849
In treatment, it pops up in our everyday life, it pops up in medical systems, in schools everywhere. So we really tried to gear a lot of our treatment modality and a lot of our groups towards talking about die culture and how it impacts us. Not only people who are in larger bodies too, right? Because fat phobium weight stigma is definitely.

61 "Bridget Shertzer, LPC" (1298264320)
00:20:49.849 --> 00:21:15.889
That thing, but die culture affects everybody, it affects people in

smaller bodies as well. So part of the way that this shows up also in treatment when it comes to medical systems and insurances that it pathologizes and marginalizes people who fit those very narrow ideals of health or fitness or people deserving of treatment. So that's something that we really, really wanna pay attention to.

62 "Bridget Shertzer, LPC" (1298264320)
00:21:15.889 --> 00:21:35.889
I consider myself an anti diet culture clinician. I embrace a health at every size mindset and modality when it comes to working with my clients. Run through in general is a health at every size company, and there is a bigger push for more clinicians especially doctors to become more health at every size.

63 "Bridget Shertzer, LPC" (1298264320)
00:21:35.889 --> 00:22:00.469
Informed, which basically just means that you cannot you cannot assume somebody's health based off of the way that they look. So, you know, when it comes to medical practices and medical fields, we really want to make sure that we're doing the proper testing and the going through the proper labs and assessments and all of that to determine what a person's health actually looks like before we just assume.

64 "Bridget Shertzer, LPC" (1298264320)
00:22:00.469 --> 00:22:28.729
Zoom based off of their body size that a person is healthy or unhealthy. We have NO idea what's going on internally just by looking at somebody. So that is a big thing that I also advocate for as well and and run for in general advocates for. When it comes to college college populations, I always like to talk a little bit about some trends on campus that we might see a pop up as well. So if we go to the next slide.

65 "Bridget Shertzer, LPC" (1298264320)
00:22:28.729 --> 00:22:49.339
You'll see that the top bullet point is something called orthoroxia, which is another type of eating disorder that some people are less familiar with. Orthoroxia is sort of an obsession with clean eating, and an obsession with fitness. So it's not necessarily that they are restricting per se in the same way that that clients.

66 "Bridget Shertzer, LPC" (1298264320)
00:22:49.339 --> 00:23:09.339
They're restricting with anorexia, but, there is a almost obsessive component to needing to eat a certain way. So they are eating and that is often their, their line of defense if you're approaching somebody who might be struggling with orthoroxia, you know, they'll say but I eat, but I eat.

67 "Bridget Shertzer, LPC" (1298264320)

00:23:09.339 --> 00:23:39.559
But it's sort of this obsession with just clean foods, just foods that are sort of held up to a higher standard in wellness industries. So that is something that you want to pay attention to because that is a form of an eating disorder as well. We see compulsive exercise, which is something that we already talked about. That is also very common and intertwined with orthoroxia. You know, we're clean eating and we're also just, we're going through the gym constantly. We have a very strict gym protocol or gym schedule for ourselves.

68 "Bridget Shertzer, LPC" (1298264320)
00:23:39.559 --> 00:23:58.289
You really want to pay attention to if they're skipping out on other activities in to prioritize going to the gym or working out if you know they're saying that they can't engage in certain social social situations because they have to go to the gym or they have to work out. So that's definitely something that you want to pay attention to.

69 "Bridget Shertzer, LPC" (1298264320)
00:23:58.289 --> 00:24:18.289
Drunk orexia, it's a little bit of a tongue in cheek term, obviously that's not a real diagnosis, but this is something that we talk about especially with college kids who might be restricting throughout the day because they know that they're going to be drinking later on that evening if they're going out to a party or or social gathering where.

70 "Bridget Shertzer, LPC" (1298264320)
00:24:18.289 --> 00:24:42.979
Alcohol is gonna be present and they wanna quote unquote save their calories in order to consume alcohol. Obviously for a variety of reasons that's extremely dangerous, but it is not uncommon in the college, in the college spaces and college communities. So that is a big thing that we talk about. We have a college support group that occurs once a week for, our college aged folks and drunker.

71 "Bridget Shertzer, LPC" (1298264320)
00:24:42.979 --> 00:25:13.429
Is something that comes up and it is talked about either saving their calories or even purposely not eating in order to feel the effects of alcohol more significantly later on that day. And then we have the subclinical disordered eating which is gonna be the the asphad diagnosis that we've already talked about. So if we move on to the next slide, we're gonna talk a little bit more about assessment. Some questions to consider when you are assessing a person for their eating dissor.

72 "Bridget Shertzer, LPC" (1298264320)
00:25:13.429 --> 00:25:44.869
Order if you think that you have, you know, some suspicions that somebody that you're interacting with treating either or in your

personal life. Some of the questions that you can talk to them about are, are you eating when you are hungry or can you quit eating when you are satisfied? The next slide we have the the questions. So this is going to be tapping into those hunger and satisfaction cues that I mentioned earlier. You know, we are all born intuitive eaters. If you think about the way that a toddler eats.

73 "Bridget Shertzer, LPC" (1298264320)
00:25:44.869 --> 00:26:04.869
It's you know a toddler or a small child, you know, when they're hunger, they're gonna tell you you're, they're hungry. And if they don't want to eat, they're gonna tell you that I don't want to eat. And they're listening to their body in that way. You know, if you think about that, they have not yet been exposed too much to society's messages when it comes to how we should be eating or the way that we should look.

74 "Bridget Shertzer, LPC" (1298264320)
00:26:04.869 --> 00:26:24.869
Or how we should be moving. So when you look at a child of that age like toddler or young child, that's, that's an intuitive eater. They are listening to their hunger and satisfaction cues. So we as adults, you know, it's not as easy to do that anymore, but you wanna, for the most part, be paying attention to those cues in your body. And so when you're working with.

75 "Bridget Shertzer, LPC" (1298264320)
00:26:24.869 --> 00:26:46.859
Somebody wanna ask them, are you paying attention to those cues? Are you honoring those cues when you feel them? Do you stop eating because you think you should as opposed to because your body is satisfied? So is this you're gonna see this a lot with people who are portioning, you know, they're eating because they portioned something out for themselves and then.

76 "Bridget Shertzer, LPC" (1298264320)
00:26:46.859 --> 00:27:06.859
Once they've completed that, they're like, ok, I'm done with, but they might still be hungry and they might be still ignoring that hunger cue. So that's going to be a clue or a red flag for somebody who's possibly struggling with disordered eating. We see this a lot with serving sizes too. You know, we're all familiar with nutrition labels. We all know pro.

77 "Bridget Shertzer, LPC" (1298264320)
00:27:06.859 --> 00:27:33.799
Probably what certain foods are that we eat a lot with the, what the outlined proper serving size is but our bodies are all different from each other. So just because I've completed one serving size of a food that I've dish out for myself, if I'm still hungry, I can go back and

serve myself more. It doesn't matter what that serving size is. I want to be listening to what my body is telling me and if and if my body is telling me that I want more of that particular food, well then I wanna make sure that i'm honor.

78 "Bridget Shertzer, LPC" (1298264320)
00:27:33.799 --> 00:27:54.469
Are you making food choices based off of the foods that you enjoy? So this is going to call into question cravings, right? We all experienced cravings and that's our body's way of telling us that it's in the mood for something and it's ok to honor that. We want to be honoring that. Where we see this, a lot is in, our folks that struggle with big.

79 "Bridget Shertzer, LPC" (1298264320)
00:27:54.469 --> 00:28:28.249
Bingee eating, they will often ignore their cravings because in favor of what diet culture is telling them they should be eating. So, you know, if they're craving orios, they might say, well, I can't have oreos. I'm not supposed to, they're not healthy. But if your body, if you are craving those oreos unfortunately down the line, if a person is struggling with binge eating, they're probably then going to binge on those oreos because they've now put themselves in a situation where they've made those oreos scarce to themselves, but that just makes us want them more. And your body will inevitably take over.

80 "Bridget Shertzer, LPC" (1298264320)
00:28:28.249 --> 00:28:48.249
And, if we create a food scarcity mindset for ourself, we're just going to focus on the food more. It's gonna take up more of our brain power. It's gonna be a distraction to us until we eventually honor that craving. And then we're going to potentially eat past the the point of satisfaction with that particular food.

81 "Bridget Shertzer, LPC" (1298264320)
00:28:48.249 --> 00:29:09.019
Because we don't know when we're going to have access to it again, simply because we've told ourselves that we can't have it. So that is something that you definitely want to pay attention to. Are you actually honoring hunger cues or is the person that you're talking to honoring their own hunger cues? Do you compensate after you eat? We talked about this a little bit already. We would see that with increased extra.

82 "Bridget Shertzer, LPC" (1298264320)
00:29:09.019 --> 00:29:29.019
Size. We also might see intense laxative use diet pills or that self induced vomiting. Again, if somebody is struggling with balemia, you might see them excuse themselves to go to the bathroom following a meal. Do you become physically uncomfortable such as weak, tired dizzy

or a headache when you undereat or diet? This is very common with our restrictive.

83 "Bridget Shertzer, LPC" (1298264320)
00:29:29.019 --> 00:29:49.019
Of eating disorders. A lot of the times we might, I I often ask my qu my patients who should who restrict if they are dizzy light headed, struggling with a headache especially when they go from sitting to standing, we call this orthostasis. And this is something that we check for in the higher levels of care when a patient is.

84 "Bridget Shertzer, LPC" (1298264320)
00:29:49.019 --> 00:30:16.979
Programming with us. It just means that our body and our cardiac system is working harder when we go from sitting to standing and this is present if we are restricting or if we're dehydrated as well. We probably all have felt that for ourselves. We we can all get be in an orthostatic state sometimes if we're hungry or dehydrated, but this is gonna be more common for people who are restricting, so it is something that we check in pretty consistently with.

85 "Bridget Shertzer, LPC" (1298264320)
00:30:16.979 --> 00:30:36.979
Do you feel your food selections include all foods, including foods that are high and fat or calories? So this is really born from the mindset of there is NO good or bad food, and that is a, a mission that we have here at run through, and it is, we abide by that all the time. There are NO good or bad foods. We really try to shine.

86 "Bridget Shertzer, LPC" (1298264320)
00:30:36.979 --> 00:30:56.999
By Away from using the terms healthy or unhealthy because we wanna remove that morality from food. So we can definitely acknowledge that some foods are more nutrient dense than others for sure. But that doesn't mean that all foods don't have a place in, in a meal plan.

87 "Bridget Shertzer, LPC" (1298264320)
00:30:56.999 --> 00:31:16.679
We want to make sure that we are allowing ourselves access to all different types of foods. Otherwise, we may create that food scarcity mindset that I mentioned earlier. So that is definitely something that you want to consider if you're working with somebody with an eating disorder, you want to talk to them about what their relationship with food is, how they view food.

88 "Bridget Shertzer, LPC" (1298264320)
00:31:16.679 --> 00:31:33.839
I guarantee because everybody, we are all sort of conditioned to look at certain foods as good and certain foods is bad, and we wanna, we wanna remove that, we want to get more to a food neutral state. Do you

have to eat in a certain pattern? This is gonna call into question some of those food rituals that I mentioned earlier.

89 "Bridget Shertzer, LPC" (1298264320)
00:31:33.839 --> 00:31:52.529
Do they always only eat three meals a day or only at certain times of the day? Are they only allowing themselves certain sizes of things based off of whether they've categorized it as a meal or a snack? I had a question a couple weeks ago when I was doing a presentation about.

90 "Bridget Shertzer, LPC" (1298264320)
00:31:52.529 --> 00:32:12.529
Certain types of food only eating certain only eating certain types of food for breakfast lunch or dinner, you know, like saying that like I can only have breakfast foods for breakfast. Not necessarily. You could have breakfast food for dinner. You could also, you wanna pull into question the fact that like who who said that waffles and pancakes are only met.

91 "Bridget Shertzer, LPC" (1298264320)
00:32:12.529 --> 00:32:35.329
Look for breakfast or that you, you can't have pizza for breakfast as your 1st meal of the day. If you think about different cultures out there and the way that they eat, sometimes different cultures have rice and beans for breakfast or or different types of meat for breakfast. So it's really, that's a cultural thing, right? We here in the States have determined what breakfast.

92 "Bridget Shertzer, LPC" (1298264320)
00:32:35.329 --> 00:33:05.839
Looks like, but it's different depending on where you are. So that's really a social construct and we want to make sure that we are not being too rigid with those types of things. The next slide are some questions to talk to parents. So if you are working with an adolescent or you know of an adolescent who or a minor who might be struggling with an eating disorder because we do understand and we know from the research that a lot of eating sorders start in adolescents especially with girls. Most often I hear patients.

93 "Bridget Shertzer, LPC" (1298264320)
00:33:05.839 --> 00:33:36.269
Come through and when I talk to them about where their eating eating to sort of started or when did they be 1st become aware of their body shape and size and a desire to lose weight if that's the case. Usually that that age range is anywhere, anywhere between like eight and 14. So it's right in that pocket of time where where puberty happens too. It's a big, a big red flag time for children to start paying attention to what they look like and.

94 "Bridget Shertzer, LPC" (1298264320)
00:33:36.269 --> 00:33:56.269
For people to start giving feedback to kids about what they look like as their bodies are changing, that's where you're going to see an increase in messaging from society and from adults to children in early teens about what they look like and whether or not they should be losing weight or watching what they eat or things like that. So that's a a huge risky time for the development of an eating disorder.

95 "Bridget Shertzer, LPC" (1298264320)
00:33:56.269 --> 00:34:16.269
So if you have a parent who has a child that might be struggling some of the questions that are considered, is there a history of any conflict or problems around the patient's early childhood? Were they a picky eater? Did they show a disinterest in food, any medical issues or traumatic experiences that might have impacted their eating? This is where you might find some of the development of those.

96 "Bridget Shertzer, LPC" (1298264320)
00:34:16.269 --> 00:34:36.269
Our Fit tendencies is in that very, very early childhood time. So that's interesting to pay attention to. When do they think that their child's eating issues or other problems 1st began? Again, it kind of gives puts into perspective the age range in which that popped up, that can be a clue as to what they're actually struggling with. Are there any current family stressors?

97 "Bridget Shertzer, LPC" (1298264320)
00:34:36.269 --> 00:34:54.239
If there is any sort of situation in the home or or difficult family dynamics at play, that's gonna impact whether or not a child is getting what they need nutritionally or feelings safe enough to eat in the home period.

98 "Bridget Shertzer, LPC" (1298264320)
00:34:54.239 --> 00:35:14.239
You want to talk about the family culture around food and weight. So there's a lot of situations in which we wanna make sure that we're not pathologizing something that might be cultural. So e.g., a lot of Asian communities, there isn't a lot of dairy present in their, in their diets, and so, if I have a an Asian client coming.

99 "Bridget Shertzer, LPC" (1298264320)
00:35:14.239 --> 00:35:41.779
Come in and and they're telling me they don't eat cheese or they don't eat dairy or or even that their lact was intolerant. I don't want to necessarily pathologize that. I don't wanna just jump to assume that they've cut out dairy from their diet because of their eating disorder. It might be the case that they just have never really had it. It's never been a part of their diet growing up. And so that's

something that you definitely want to pay attention to. What's the cultural impact of somebody's relationship with food?

100 "Bridget Shertzer, LPC" (1298264320)
00:35:41.779 --> 00:36:00.449
And, and like I said, you don't want to necessarily pathologize something that isn't related to the eating disorder. Describe, you, you can invite a parent to describe their adolescence eating patterns or behaviors prior to the change in eating habits. So this is a big thing that we look at.

101 "Bridget Shertzer, LPC" (1298264320)
00:36:00.449 --> 00:36:20.449
Especially when we are trying to figure out whether a team has potentially interrupted their physical development with restriction, which can be a thing. We see that and have those discussions oftentimes when a patient even is like in 1819, early twenties, we'll see if we can.

102 "Bridget Shertzer, LPC" (1298264320)
00:36:20.449 --> 00:36:40.449
Get a hold of their growth charts from their pediatrician, because if their eating disorder started when they were 14 and they started restricting, that might have interrupted their development. And so we wanna get a hold of those growth charts to see if they didn't actually interrupt their, their development with their eating disorder, what weight range should.

103 "Bridget Shertzer, LPC" (1298264320)
00:36:40.449 --> 00:37:08.149
Would they have potentially been in? We call that set point theory and it basically calls into question genetically, where would a person potentially be in terms of a weight range, and that is what we use in order to set weight restoration goals if that is a part of their treatment. So that is a conversation that they have with with their dieticians, we have registered dieticians here on staff and so that's a conversation that they would have as part of their nutritional.

104 "Bridget Shertzer, LPC" (1298264320)
00:37:08.149 --> 00:37:35.749
Assessment to determine any weight restoration goals that might be happening. So it's it's easier or it it's better personalizes the treatment plan if we can get a hold of those growth charts, and have an understanding genetically of where they might have been. So, other important assessment considerations on the next slide. I've already mentioned some of these. We have the family.

105 "Bridget Shertzer, LPC" (1298264320)
00:37:35.749 --> 00:38:01.469
Around food. Again, want to make sure that we're not pathologizing

something that isn't a part of the the eating disorder. We also see this actually a lot with patients who, who follow vegetarian or vegan lifestyles as well. That's a big thing that we try to parse out whether that is a part of an eating disorder or not. Unfortunately, with a lot of those lifestyles, they've been really.

106 "Bridget Shertzer, LPC" (1298264320)
00:38:01.469 --> 00:38:17.880
They they they they've been kind of co opted by wellness, by the, by the wellness sort of machine and a lot of the times a patient, if they're following a vegan lifestyle, it might not always be for.

107 "Bridget Shertzer, LPC" (1298264320)
00:38:17.880 --> 00:38:37.880
You know, concerns about animals or the environment. So we really try to figure out, you know, where, where are your motivations behind your veganism, and we do a lot of education on, ok, so this is what you are going to have to then consume to continue getting your nutritional needs through a vegan lifestyle. And all.

108 "Bridget Shertzer, LPC" (1298264320)
00:38:37.880 --> 00:38:57.450
Oftentimes that that looks like more food. Eating eating at a larger volume than otherwise needed if they weren't following a vegan lifestyle. And so through that conversation, we can usually figure out if a person is willing to do that versus not, you know, and then we can try to.

109 "Bridget Shertzer, LPC" (1298264320)
00:38:57.450 --> 00:39:17.450
Parse out like, ok, that might be the eating. If you're not willing to eat at a higher volume, then, you know, that might be a sign that the eating disorder has sort of co opted this, this vegan lifestyle that you have for yourself. So, it's a, that's a very interesting part of the assessment process when working with clients who have vegetarian or vegan lifestyles, but we do work.

110 "Bridget Shertzer, LPC" (1298264320)
00:39:17.450 --> 00:39:40.430
With them and we do try to meet them where they're at. You know, other assessment questions you wanna talk about body image concerns? Are they body checking? Are they weighing themselves frequently? Any food concerns? That's also gonna take it into consideration food insecurity, which can be a big issue with lower income or lower sec socioeconomic.

111 "Bridget Shertzer, LPC" (1298264320)
00:39:40.430 --> 00:40:03.260
Communities. Here in Philadelphia, we have pockets of the city that we refer to as food deserts, which basically means that those communities

do not have access to grocery stores with like fresh produce sections or even just refrigerated sections other than like a beverage refrigerator, so.

112 "Bridget Shertzer, LPC" (1298264320)
00:40:03.260 --> 00:40:19.380
So, that's going to be a big part of figuring out how to work with a client who's experiencing an eating disorder but doesn't have access to the foods that we would otherwise be encouraging them to include in a meal plan. So we need to, again, meet them where they're at.

113 "Bridget Shertzer, LPC" (1298264320)
00:40:19.380 --> 00:40:39.380
Also eating disorders and and rigidity with food can be born from food insecurity experienced in early childhood. So again, that's going to be a conversation that you'd have with, with the patient, maybe with their family if especially if they're a minor, to figure out what do you have actual act.

114 "Bridget Shertzer, LPC" (1298264320)
00:40:39.380 --> 00:41:02.330
Access to, so that we can try to, to work with wherever that person that patient is. What's the relationship with exercise and movement? What is their identity like? A lot of the times especially with older clients, they've been struggling with their ede disorder for decades, and it has become part of their identity, becomes part of who they am, who they are. We also see this a lot with.

115 "Bridget Shertzer, LPC" (1298264320)
00:41:02.330 --> 00:41:22.330
The patients who struggle with that orthoroxia, that that wellness and being a part of fitness sometimes becomes so inherent to their identity, Sometimes it even is their job if they're a personal trainer or they work within a fitness center, or for college kids, if they're like a kinesiology major or a neutral.

116 "Bridget Shertzer, LPC" (1298264320)
00:41:22.330 --> 00:41:51.050
Question major, it becomes part of who they are and what they're interested in. And so that's very interesting to try to work with. You want to start to encourage like, ok, who are you outside of being interested in fitness? And then also you wanna, look at family history of substance use. Again, that substance use if there is a issues with addiction in the home especially if the patient is growing up or currently, that.

117 "Bridget Shertzer, LPC" (1298264320)
00:41:51.050 --> 00:42:22.490
It might also lead to some food insecurity. It is gonna feel there might be some, some lack of safety in the home, so those are always

going to be assessment considerations. And then at the bottom, again, some of those comorbid conditions that we see walk through the door with the eating disorder. We see a lot of OCD tendencies difficulty regulating mood, which our our program is very DBT and CBT focused, so we we do a lot of mood and emotion regul.

118 "Bridget Shertzer, LPC" (1298264320)
00:42:22.490 --> 00:42:49.580
Relation skills. You want to take into consider any trauma history and also like I said, current or past substance use. So what are some interventions? Say you have somebody sitting in front of you or you know somebody in your personal life and you're like, well, ok, I know that they are struggling with an eating disorder, so how do I actually approach them? So, some of the questions that we can approach somebody with or if you're just like trying to figure out how to.

119 "Bridget Shertzer, LPC" (1298264320)
00:42:49.580 --> 00:43:20.210
Approach the subject. If we skip ahead a couple of slides to broaching the subject, how do you prepare? So if you are suspicious, you want to approach somebody gently, right? You want to calmly express your concern, talk about what you are observing, right? And when I say observing, I, you wanna not focus too much on their appearance. So weight fluctuation might be a thing. We've seen that pop up a couple of times and have talked about how, like, yeah, if you see somebody lose a significant amount of weight.

120 "Bridget Shertzer, LPC" (1298264320)
00:43:20.210 --> 00:43:40.210
In a shorter period of time or even gainless than even amount of rate weight in a short period of time. That's gonna be a red flag, but you're going to hit a lot of defensiveness if your 1st line of, of, intervention is talking to somebody about their weight. I am of the mindset that we should never be commenting on people's bodies especially losing weight. It's.

121 "Bridget Shertzer, LPC" (1298264320)
00:43:40.210 --> 00:44:12.410
So easy in our society to go to somebody and say, Oh my god, you look so great. Have you lost weight? And of course the intention behind that comment and that question is positive, right? You're trying to compliment that person, but you don't know what you're complimenting. You don't know how that person has lost weight. You don't know if that person is restricting or struggling with an eating disorder. Maybe that person is sick. Maybe they just, they noticed that they were significantly losing weight as well and they went to the dr. and they got a cancer diagnosis. Maybe that person is experiencing some intense grow.

122 "Bridget Shertzer, LPC" (1298264320)

00:44:12.410 --> 00:44:41.670
They just lost a loved one. So you want to make sure that you are very careful about what it is that you're actually complimenting. So like I said, good rule of thumb is just don't just don't compliment or don't talk about somebody's appearance. So that is just as important in this space. If you are approaching somebody who you think might be struggling with an eating disorder, you are not coming at them with the way that they look. You want to express your concern and talk about the observations of their behaviors.

123 "Bridget Shertzer, LPC" (1298264320)
00:44:41.670 --> 00:45:01.670
People with eating disorders reject the idea that they have a problem. It's very difficult for them to see. And if you think about it, that makes sense. A lot of the times the behaviors that they use especially with restrictive eating disorders, are congratulated in our society. So they get defensive if you're coming to them and you're saying I'm concerned and you're like, what are you talking about? I'm being healthy.

124 "Bridget Shertzer, LPC" (1298264320)
00:45:01.670 --> 00:45:26.840
Or my dr. told me that I needed to go to a, go on a diet, and so that's what I'm doing. So you want to talk more about their behaviors. If you're noticing that maybe they are avoiding social situations more because that social situation might involve food, that's what you want to comment on. Hey I noticed that you, I haven't seen you around in a while or you know you canceled, we made dinner plans like a couple of times in a row and you canceled all of them. Is everything going.

125 "Bridget Shertzer, LPC" (1298264320)
00:45:26.840 --> 00:45:48.890
Like, are you ok? Is everything alright? You want to let them know that you know that they have a problem and it might be a little bit until they can confront that themselves, but you're opening that door. When I'm talking to my supervises about working with a particularly resistant client, it's, it's very common to feel.

126 "Bridget Shertzer, LPC" (1298264320)
00:45:48.890 --> 00:46:14.000
Feel like they're, you're not getting through or they're not hearing you. And I always say that you're planting seeds. So every time that you say something about, you know, what you're observing or that you notice that they're struggling, even if they're not going to admit it themselves or they're not in a place where they're ready to admit it themselves, you're planting a seed. They are hearing you and they will remember what you say, and eventually hopefully the day will.

127 "Bridget Shertzer, LPC" (1298264320)
00:46:14.000 --> 00:46:37.920

Come where they're ready to actually approach that and they're gonna think, oh, this person came to me a while back and noticed that I was struggling even before I was aware. That person might be safe to go to now that I'm ready to actually work on this. So have faith, you are planting seeds, they are hearing you. It just might be a little bit until they're ready to confront it themselves.

128 "Bridget Shertzer, LPC" (1298264320)
00:46:37.920 --> 00:46:57.920
You want to evalidate them on their behaviors without necessarily agreeing with them. So what that looks like is a lot of what I've been talking about now. I understand why you might want to restrict or why you might want to go on a diet, like it's so hard to, to feel be uncomfortable with yourself or feel like being a larger body in this society.

129 "Bridget Shertzer, LPC" (1298264320)
00:46:57.920 --> 00:47:19.140
But also like those behaviors might be kind of dangerous, so I'm worried about that or you've already lost like a lot of weight and and I know that you're feeling really good about yourself and that's awesome, I'm so happy that you're happy, and I just wanna make sure that you're being safe, that kind of thing.

130 "Bridget Shertzer, LPC" (1298264320)
00:47:19.140 --> 00:47:34.650
You want to choose the moment carefully, a relaxed atmosphere is the best. Please don't do that during mealtime. You are, you should not be talking about this or approaching a person during a mealtime if meals are already stressful for them. As I'm sure you can understand that's not gonna go well.

131 "Bridget Shertzer, LPC" (1298264320)
00:47:34.650 --> 00:47:54.650
Do not go for brown beating. So like I said, you want to be consistent and let them know that you know that they have a problem, but we are not act, we're not approaching them over and over and over again. This isn't a battle to win. You want to make sure that you let them know and send the message that you are there, that you see them, and that you're concerned.

132 "Bridget Shertzer, LPC" (1298264320)
00:47:54.650 --> 00:48:15.320
And that you're just gonna kind of stand back and still be there when they're ready to talk to somebody. And then be prepared for setbacks especially initially. Recovery from an eating disorder looks a lot like recovery from a drug and alcohol use. There is always going to be relapses and it is never linear. So this is a big, a big part of true.

133 "Bridget Shertzer, LPC" (1298264320)

00:48:15.320 --> 00:48:43.280
Treatment that I talked to with supports especially parents about how, you know, they might pursue treatment one time and look ok for a few months afterwards and then you might see some setbacks and that is not uncommon, it does not mean that they're failing recovery. It just is a natural part of the process. Next slide is so UT that refers to the unified treatment model. That's actually the specific approach that we.

134 "Bridget Shertzer, LPC" (1298264320)
00:48:43.280 --> 00:49:03.280
We use here at Renfru. I did mention that it's very DBT focused, so a lot of our missions surrounds, if you're familiar with dbt, then it will sound familiar to you. We want to understand how our emotions impact our ability to gauge, to engage in authentic and mutual relationships. We're learning how to approach our emotions rather than running away from them.

135 "Bridget Shertzer, LPC" (1298264320)
00:49:03.280 --> 00:49:36.650
We we do a lot with teaching our our patients here that emotions are not harmful. The emotions are not what not going to hurt you even though they feel very uncomfortable. What's actually going to harm you are the behaviors that we use in order to attempt to manage or control those emotions. We want to increase that tolerance to those emotions as well as psychological flexibility, right? So we try to move them away from the rigidity and away from that black and white thinking that is so common when it comes to eating disorders. And we also want to increase.

136 "Bridget Shertzer, LPC" (1298264320)
00:49:36.650 --> 00:50:03.980
These emotional skills like self empathy, self efficacy, and also again engaging in those meaningful relationships. Even just, the next slide talking a little bit about relational connection. Again, I talked about this a little bit more or a little bit when we're talking about actually approaching the subject with someone. We want to validate, validate validate, validate. I'm sure the clinicians in the room can understand that and have that skill.

137 "Bridget Shertzer, LPC" (1298264320)
00:50:03.980 --> 00:50:26.700
Still, that is very often very often taught to us in graduate school. We want to communicate that recovery as possible, right? And keep communicating that and then express your commitment to working with your clients or your loved one, expressing that commitment that you are going to be there when they are ready to pursue treatment and ready to get some help.

138 "Bridget Shertzer, LPC" (1298264320)

00:50:26.700 --> 00:50:46.700
Next slide is talking a little bit about emotion coaching skills. Again, these are going to be sort of attending to the emotion. You want to label it. Sometimes the people who are struggling, patients especially they don't have the words for emotions a lot of the time. So we do a lot of education with even just labeling the emotion.

139 "Bridget Shertzer, LPC" (1298264320)
00:50:46.700 --> 00:51:02.310
Again validating that emotion and meeting the need. What is the need of the emotion? So we want to call into question, why is the emotion happening? What's the function of it? And that may or may not look like fixing a problem, right? So the last one is very optional.

140 "Bridget Shertzer, LPC" (1298264320)
00:51:02.310 --> 00:51:22.310
Sometimes when we try to attempt to fix a problem, it lands as invalidating. So we really wanna make sure that we're only fixing a problem if there's a problem to solve. And by the way, the emotion itself is not a problem to solve, right? So if that's the situation, if they're just uncomfortable, you just want to make sure that you are there as a person to, to give them space and sit in the emotion.

141 "Bridget Shertzer, LPC" (1298264320)
00:51:22.310 --> 00:51:43.100
With them. That's ok. Some scripting on the next slide, just some things that you can access quick like back pocket sort of phrases. I see you think or I think that you feel or I noticed that. Again, those are gonna be those observational phrases.

142 "Bridget Shertzer, LPC" (1298264320)
00:51:43.100 --> 00:51:59.190
You want to listen without judgment, talking about how everyone has different views. Maybe I don't see things that way, but I can accept that you feel differently about this, and we can still be on the same team. Just again, more obs a lot of observational phrases.

143 "Bridget Shertzer, LPC" (1298264320)
00:51:59.190 --> 00:52:17.760
The next slide is something called a decisional balance. This is a pros and cons list that we use a lot for patients who are at the beginning of their treatment. So if they're just starting out, it, it can be really helpful with.

144 "Bridget Shertzer, LPC" (1298264320)
00:52:17.760 --> 00:52:37.760
And kinda outlining the reasons why somebody might want to change. So those are gonna be the pros on the next slide, the decisional balance. They might be some of the reasons to change, right? So why would I want to recover? That's gonna be my change, right? So what are the

pros to recovery? Reasons to change?

145 "Bridget Shertzer, LPC" (1298264320)
00:52:37.760 --> 00:52:59.090
What are some of the cons? This is a big part of what we talk about in treatment especially at the beginning is why would I want to stay the same? Eating disorders exist for a reason. They are protective for a lot of people. They stem from a situation that somebody needed to feel safer in, whether that's a trauma history or maybe that's just general emotional.

146 "Bridget Shertzer, LPC" (1298264320)
00:52:59.090 --> 00:53:19.090
This Regulation, feeling like their emotions themselves are unsafe. The eating disorder is born from somewhere, so we talk about that and especially in the beginning, we talk about why it happened, why, what is maintaining it, and we acknowledge like, ok, this is gonna be really uncomfortable, let's acknowledge some of the reasons why you won't want to go through this process and these are going to make a.

147 "Bridget Shertzer, LPC" (1298264320)
00:53:19.090 --> 00:53:46.070
Harder and it's still important that we move to recovery because recovery is going to be maybe more values aligned for that person. Next slide is some, I always like this slide what not to do. We already talked about some of this a little bit, but you wanna you don't want to complement someone when they lose weight or diet. We don't want to encourage anybody to lose weight, obviously. And a big one is talking negatively about your own body. So even if you are not making comments about somebody.

148 "Bridget Shertzer, LPC" (1298264320)
00:53:46.070 --> 00:54:06.070
Anybody else, you want to be careful about what you are saying to yourself about yourself around other people. Because if you are saying something about your own body, and that this other person is struggling, they might hear that and think, oh, if they think that about themselves, what do they think about me? So you want to be careful about that especially the.

149 "Bridget Shertzer, LPC" (1298264320)
00:54:06.070 --> 00:54:26.070
Is so important especially if you are a parent and you have adolescents or young children around you, you want to be careful about what you're saying to yourself. We don't want to be discussing measurements, weight or clothing sizes, so we have a hard NO numbers rule here in treatment. We talk about symptoms, we will name them, we talk about what it's like to go through recovery and what it, what our eating disorders do for us, but we do not.

150 "Bridget Shertzer, LPC" (1298264320)
00:54:26.070 --> 00:54:59.210
Want to be using numbers. Again, we, we don't think about foods as good or bad. I talked about that a little bit already. We don't want to be criticizing our own eating. Again, that kind of goes hand in hand with talking negative negatively about our own bodies. And we also do not want to assume that a person in a larger body wants or needs to lose weight. So this goes back to that health at every size concept that I talked about earlier. We do not want to be assuming anybody's health based off of what they look like, but we also just don't want to be assuming that's because somebody's in a larger body that they must be unhappy with the way that they look. That's.

151 "Bridget Shertzer, LPC" (1298264320)
00:54:59.210 --> 00:55:19.430
That's just rude frankly. So we don't want to be doing that, right? We don't, we don't know anything about that person. So that's something that you want to be careful about. In terms of when to refer, I did say that we would talk a little bit about what you want to pay attention to, so I'll move through this quickly because I am aware of time. But if we move forward to this.

152 "Bridget Shertzer, LPC" (1298264320)
00:55:19.430 --> 00:55:47.250
Slides the higher level of care criteria. So you wanna pay attention to these are the most obvious signs that somebody might need to move to a higher level of care. And what I, what I mean by a higher level of care is, you know, whatever's above weekly outpatient, that's that's the higher levels of care as I'm sure you guys are familiar with. So we want to pay attention to symptom usage and frequency, that interference with academics and relationships, so how is the eating disorder impacting other areas of their life?

153 "Bridget Shertzer, LPC" (1298264320)
00:55:47.250 --> 00:56:07.250
Again, we see that weight fluctuation. It can be significant over a short period of time. That is a red flag, but it's not the only indicator. Safety concerns, is this person struggling with self harm or suicidal ideation? That's gonna be a big indicator that they might be need, they might need to be in a more supportive level of care. Are they compliant with their medication? So if they already.

154 "Bridget Shertzer, LPC" (1298264320)
00:56:07.250 --> 00:56:27.250
Have an out an outpatient psychiatrist or even any medical medications that they are on, are they regularly taking them? And then the biggest thing is gonna be labs. There are so many medical concerns when it comes to eating disorders, so we want to make sure that this person is seeing their PCP regularly, that they are getting consistent blood work done.

155 "Bridget Shertzer, LPC" (1298264320)
00:56:27.250 --> 00:56:56.990
If you are thinking that somebody might need a higher level of care, that's gonna be your 1st recommendation. I think you need to go to your dr. and maybe get a metabolic panel done. Let's see what's happening internally. Next slide is navigating the higher levels of care. Again, I'm sure you guys are mostly familiar with the higher levels of care. Here at renthroof, we have residential PHP and IOP. We do not have an inpatient facility, so if we have a patient who comes to us for an assessment for treatment and they might meet the criteria for an inpatient level.

156 "Bridget Shertzer, LPC" (1298264320)
00:56:56.990 --> 00:57:19.940
Level of care, we will refer them out. And then the next slide is getting a client to a higher level of care. So this is going to be for somebody who we have determined needs a higher level of care. They are interested in pursuing that. So, the 1st line of defense is going to be referring them if you refer them to run through, that would be calling one 800.

157 "Bridget Shertzer, LPC" (1298264320)
00:57:19.940 --> 00:57:39.940
To run through. Either they could do that or you could do that if you are a support or a clinician working with them and schedule the intake assessment. And from there we would take it from there. So we would do an insurance check, we would go through the assessment, which would take anywhere from one to 2 h. It's very comprehensive. And then after the assessment based off of what is determined.

158 "Bridget Shertzer, LPC" (1298264320)
00:57:39.940 --> 00:58:11.270
In the 2 h assessment plus medical if that's needed, the labs and things like that, our assessors will look at all of that together and then make a determination for what level of care that this person might need. So that's on the next slide if we take a look at that. Yeah, so a little bit of a clip of, of what that sort of three, three part process can look like. And then yeah, these are just some additional resources if we go to the next slide, I did mention that the UT unified treatment model is specific to run through, so we do.

159 "Bridget Shertzer, LPC" (1298264320)
00:58:11.270 --> 00:58:31.270
You have some literature out there about that. This, these, you can find these books on Amazon if you're interested. If you are a clinician working with patients and, and you would like to learn more about what we do and how it can be applied in an outpatient setting, there is a therapist guide, and then there is a workbook that goes along with it for the client themselves.

160 "Bridget Shertzer, LPC" (1298264320)
00:58:31.270 --> 00:58:51.680
We do off also offer virtual continuing education events, so if you check out our website, any of this is on there. We do these professional webinars like I'm doing now. We also have an annual conference that takes place in November so that we are taking registrations for right now, so it is gonna be virtual, it is virtual.

161 "Bridget Shertzer, LPC" (1298264320)
00:58:51.680 --> 00:59:11.680
And that is a great opportunity to get a lot of ceus and learn a lot more about eating disorders if you are interested in that. And then also case consultation. So I do a lot of outside supervision with folks, so if you have any interests, if you have a patient that you are working with that, you're, you're not quite sure how to approach.

162 "Bridget Shertzer, LPC" (1298264320)
00:59:11.680 --> 00:59:33.800
Or if they need a higher level of care, I can jump on a call with you at any point to help kind of vet that out. And then so the last slide is my contact information if you'd like to reach out to me at any point, that is my email address is usually the best way to reach me. So that's everything. A little bit of a snapshot of eating disorders, kind of like I said, the, the symptoms.

163 "Bridget Shertzer, LPC" (1298264320)
00:59:33.800 --> 00:59:40.758
When's the risk factors and, and when to refer to a higher level of care, so.

164 "Allender, Lauren" (1823584256)
00:59:40.758 --> 01:00:10.411
Okay, great. Thank you so much for attending everyone and thank you Bridget for providing such wonderful information. We do not have any questions at this time. It is the top of the hour. And again, if you have questions about the information discussed today, please contact the eating disorder team by calling the number on the back of your insurance card, and please be sure to mark your calendars and join us for our next seminar, which will be next year on 28 January of 2025.

165 "Bridget Shertzer, LPC" (1298264320)
01:00:10.411 --> 01:00:15.012
Thank you, everyone. Thank you.