



Quad Cities Eating
Disorder Conference 2024

**NAVIGATING
ADOLESCENCE:
UNDERSTANDING TRENDS
IN EATING DISORDER
TREATMENT**

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Disclosures

n/a

No disclosures to report: We receive no financial compensation from any external source.

Our perspective is from the field of eating disorders treatment and eating disorders prevention.

Objectives



Understand the impact of social media on adolescent brain development and its correlation with eating disorder trends.



Discuss the collaboration between dietitians and therapists in providing comprehensive care for adolescents with eating disorders.



Explore emerging trends, evidence-based practices, and effective therapeutic approaches for adolescents with eating disorders.



Consider the journey to recovery for adolescents, including the unique challenges this population presents.



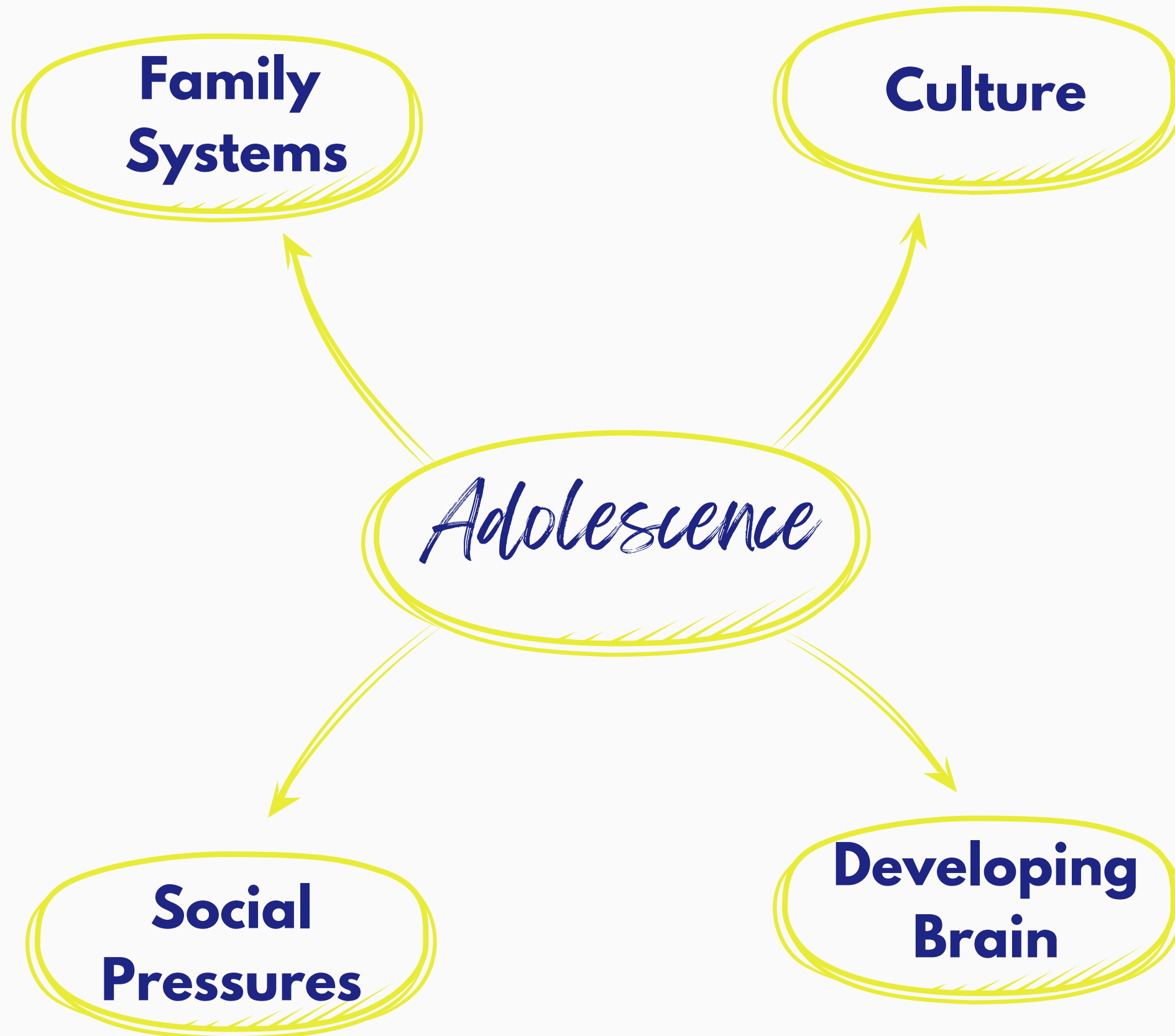
Identify strategies for creating an environment conducive to recovery and relapse prevention.

Eating Disorders and the Adolescent Brain

Objective 1:

Understand the impact of social media on adolescent brain development and its correlation with eating disorder trends.

What makes treating adolescents so complex?



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- School
- Social Media
- Identity Development
- Technology
- Diet Culture
- Weight Stigma
- Pressure to conform

Eating Disorders

and the Adolescent Brain

Adolescent behavior is guided more by the emotional and reactive amygdala and less by the logical frontal cortex.

Based on their stage of development, adolescents are **more** likely to:

- Act impulsively
- Misinterpret social cues and emotions
- Engage in dangerous or risky behavior

Adolescents are **less** likely to:

- Think before acting
- Pause to consider consequences



Tip: hand model of the brain video

Social Media and *Eating Disorders*

Consider the life of an adolescent today:

- Constantly on camera - social media, facetime, zoom, etc.
 - Filters creating unrealistic body image/appearance expectations.
- Unable to disconnect from peer group after school
- On screens 8+ hours a day (Rideout & Robb, 2019).
- Constant influx of images

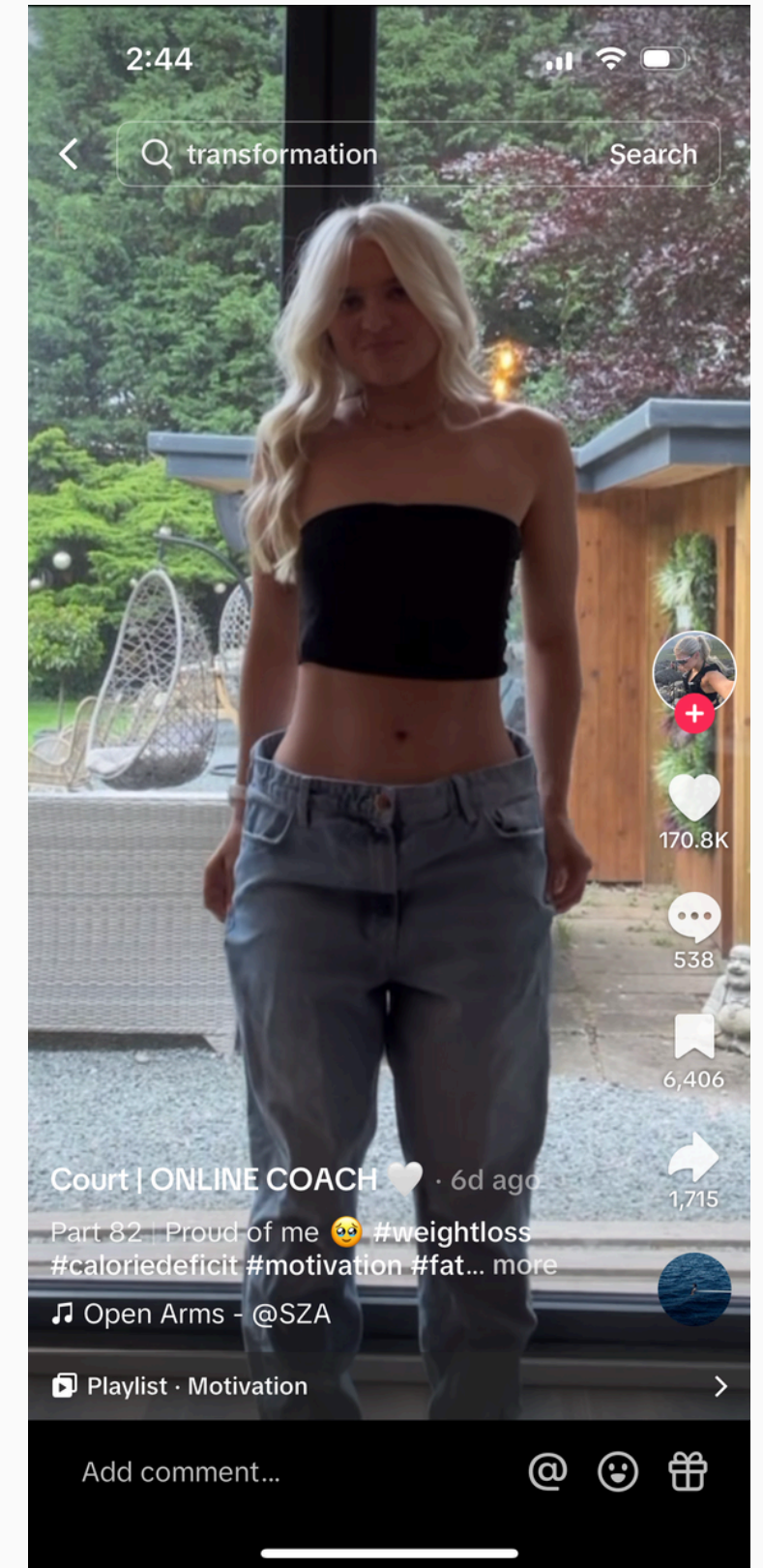
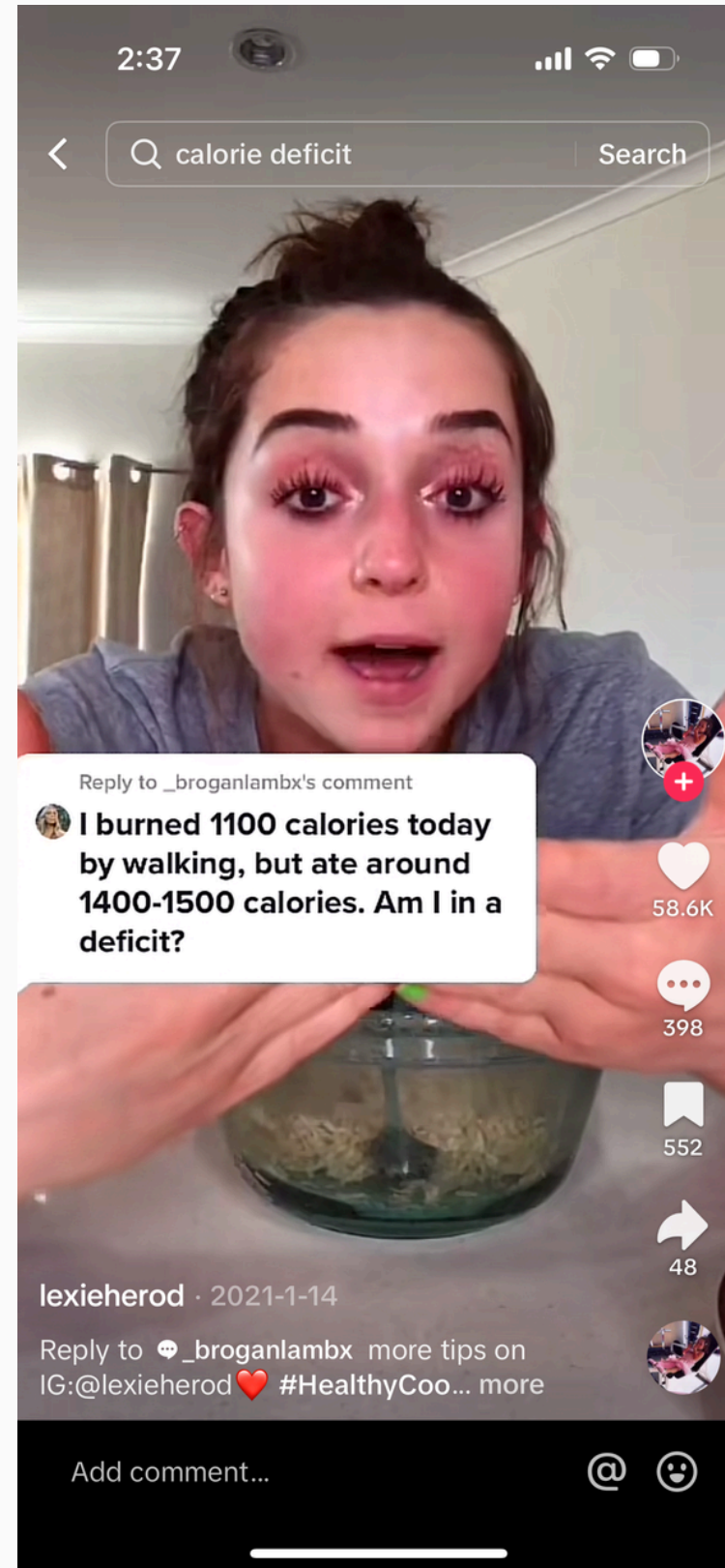
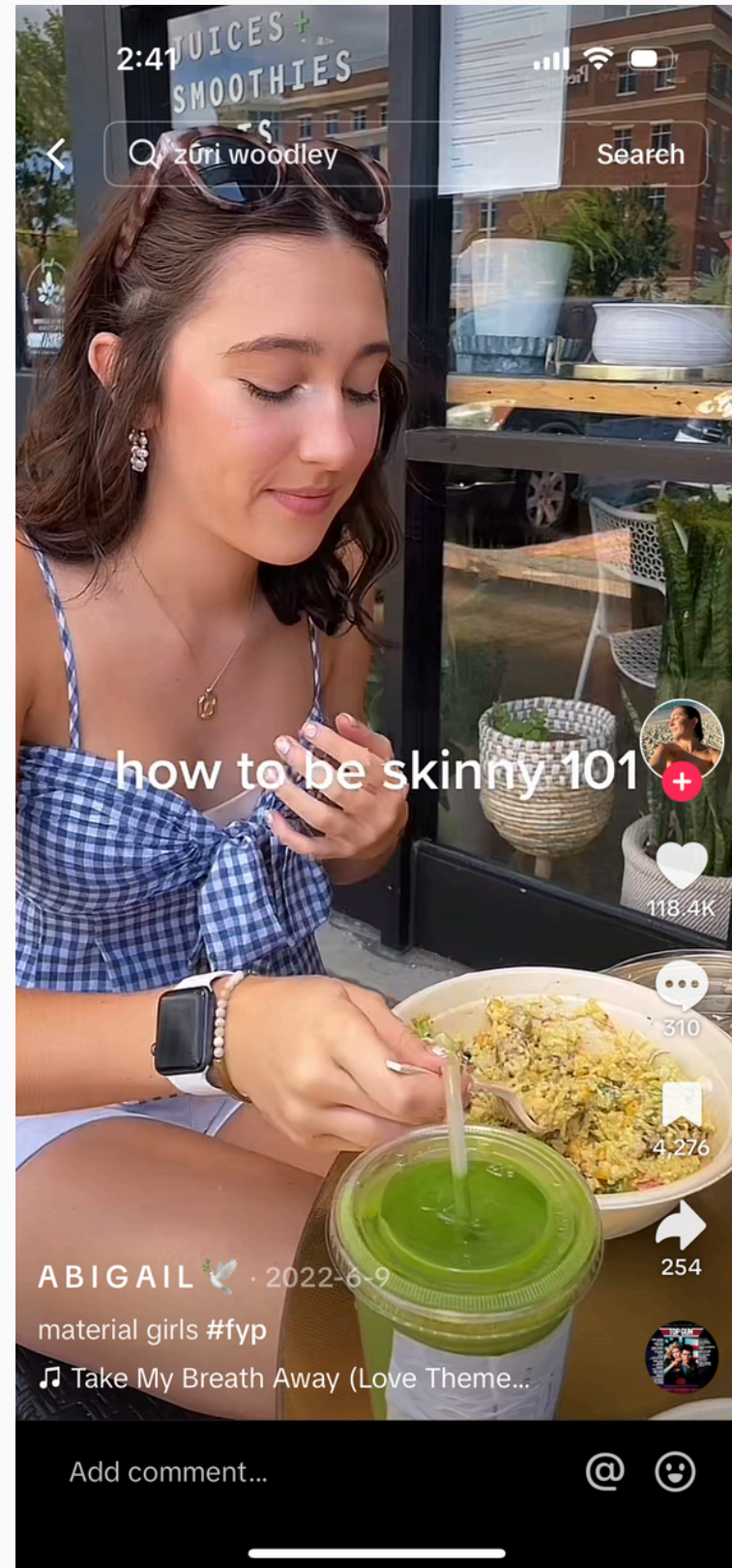
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“Social media may perpetuate body dissatisfaction, disordered eating behaviors, social comparison and low self-esteem, especially among adolescent girls.”

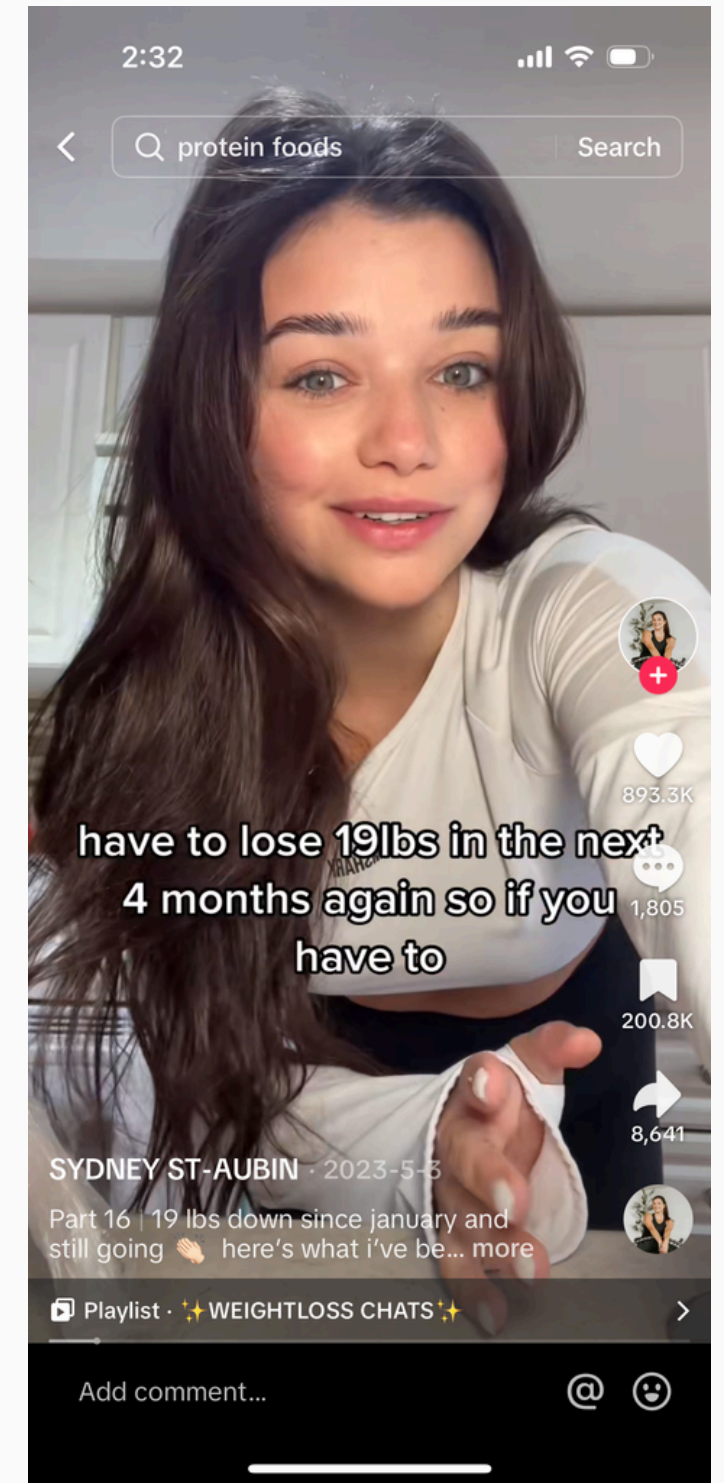
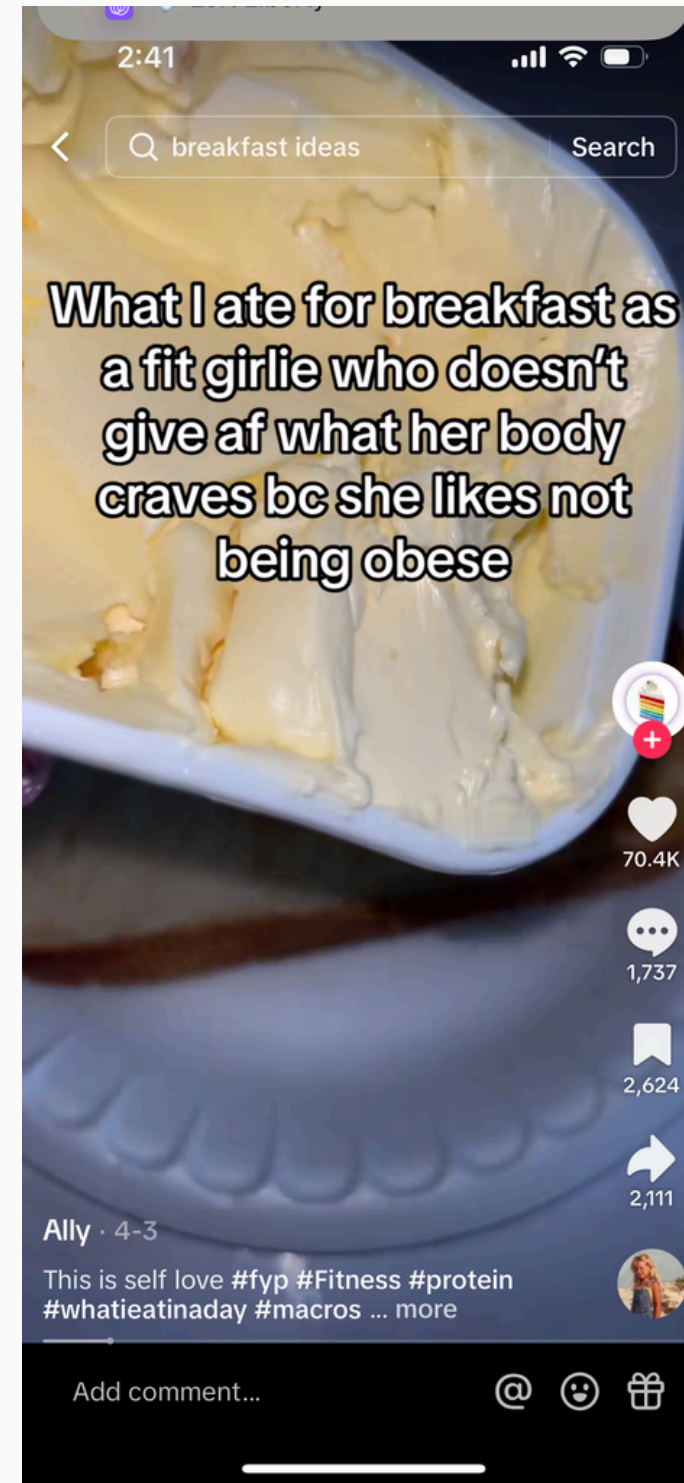
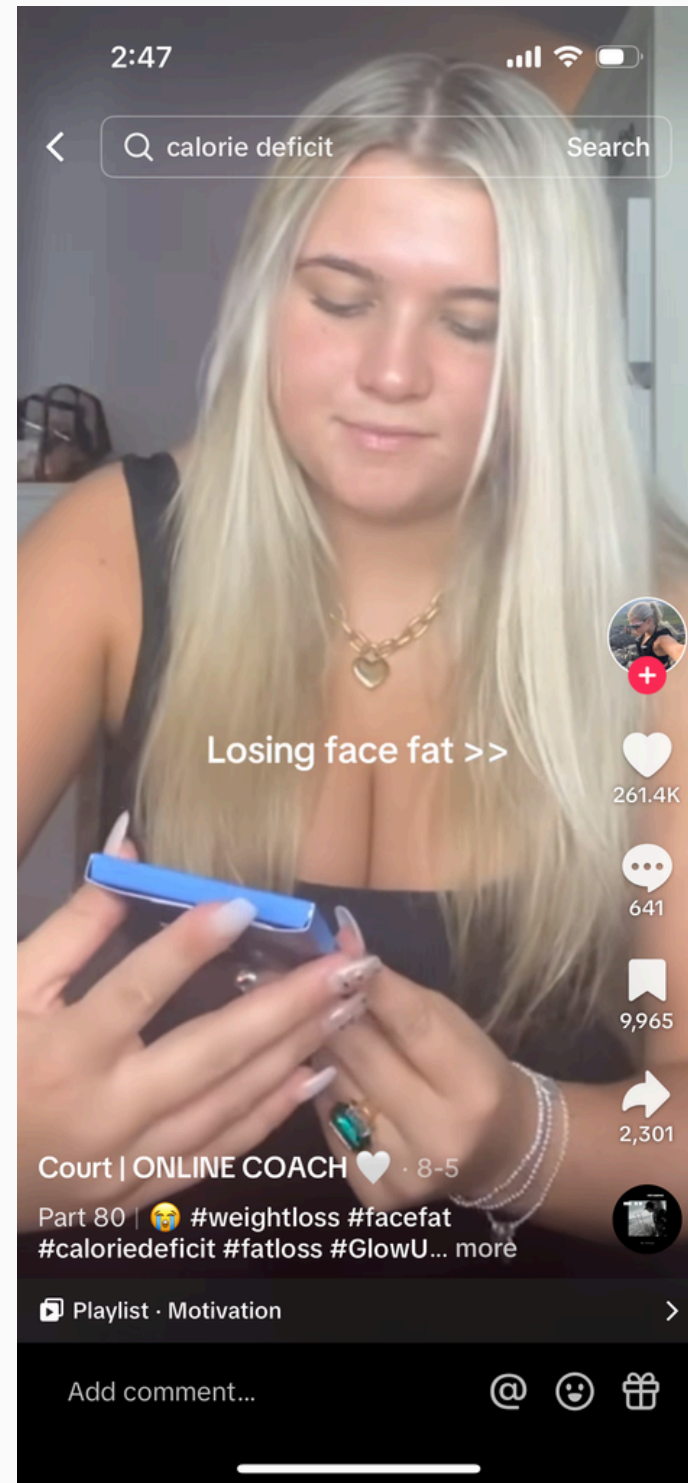
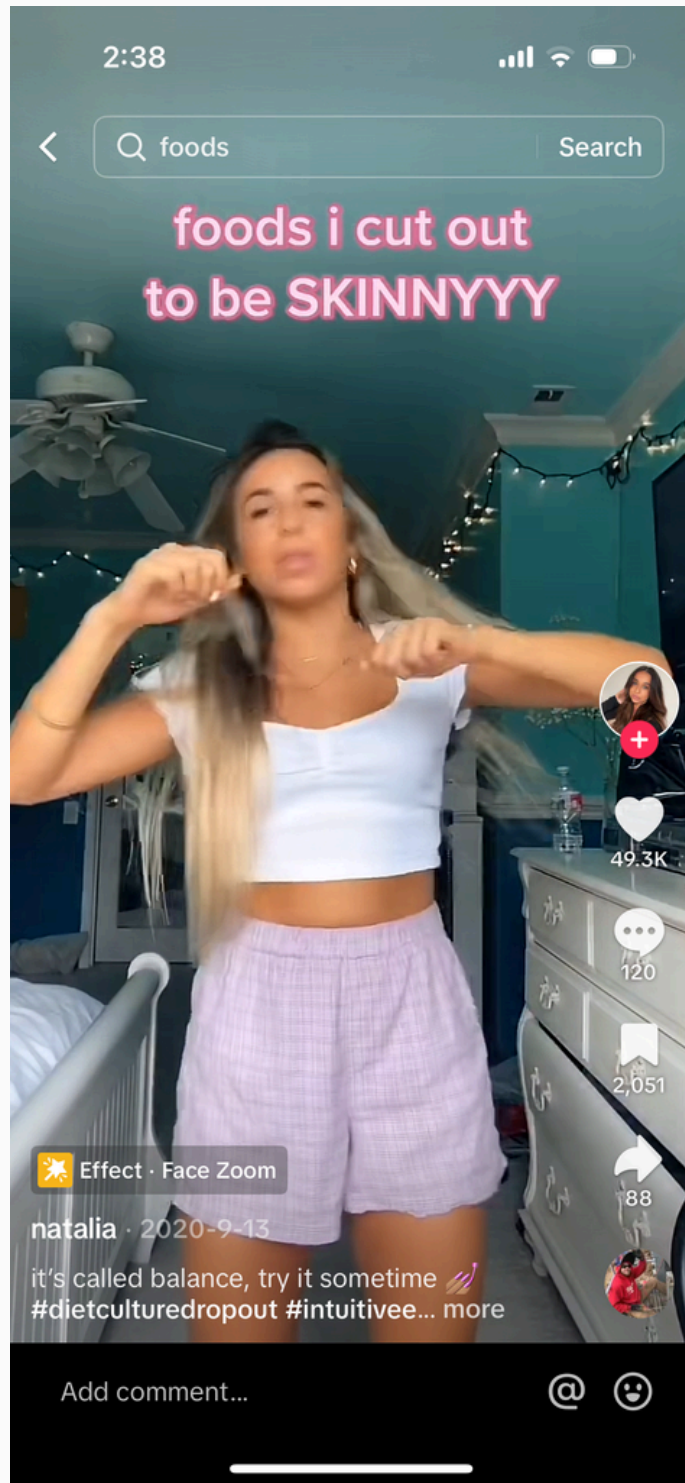
U.S. Surgeon General Advisory, 2023

IG and TikTok are the main cause of body dissatisfaction among adolescents today

EDCI



EDCI



Social Media and Eating Disorders

The Highlight Reel Effect

Selective portrayal, distorted view of reality.
40% of young girls reported seeing something that made them feel inferior, inadequate, excluded.

Content: Cyberbullies to Pro-ED Content

Fitspiration or Thinspiration, derogatory comments on appearance, glorifying thinness or weight loss, fear mongering ED treatment stories

Photo editing/filters: what's even real?

Digital enhancements to achieve unrealistic ideal beauty standards. Fueling dissatisfaction with appearance as cannot distinguish what is real.

Targeted Ads

Ads for products or services promising to help someone achieve the "ideal". Reinforces negative body image and unattainable beauty standards.



Tip:

"not interested" button, intervention for social media clean-out or limit-setting



SCI AM Scientific American

How a Weight-Loss Trend on TikTok Might Encourage Eating Disorders

Recent news reports have claimed that laxatives are being used as an alternative to popular weight-loss drugs such as Wegovy. |

Nov 1, 2023



The New York Times

Why Eating Disorder Content Keeps Resurfacing

TikTok shut down the "legging legs" hashtag, but other content surfaced by social media algorithms.

CU Anschutz Newsroom

Mounting Research Documents the Harmful Effects of Social Media Use on Mental Health, Including Body Image and Development of Eating Disorders

Media influences and conventional beauty standards have long plagued society. This issue took on new urgency in May 2023 when the U.S. surgeon general...

May 3, 2024



PS POPSUGAR

TikTok Is Rebranding Body Checks, but They're Still Harmful

"Body checking" — you may have seen the phrase recently in posts about body checks, GRWMs, or "what I eat in a day" TikToks,...

Apr 4, 2024

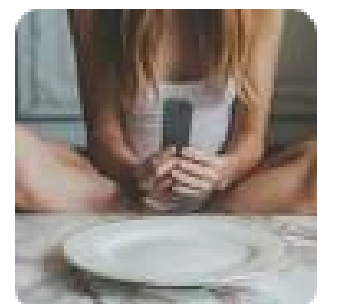


Neuroscience News

Social Media Fuels Eating Disorder Echo Chambers

A team of researchers at USC Viterbi's Information Sciences Institute (ISI) found that online social platforms create a feedback loop of eating...

Apr 14, 2024



 Los Angeles Times

TikTok to crack down on content that promotes disordered eating and dangerous weight-loss habits

Amid huge demand for Ozempic and other drugs that trigger weight loss, the social media giant announces new community guidelines in an...

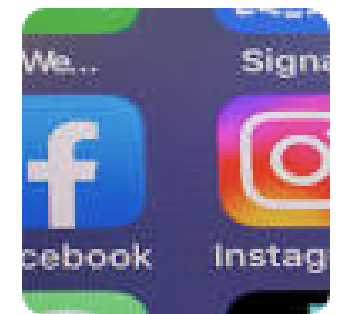
Apr 25, 2024



 TechCrunch

Meta to restrict teen Instagram and Facebook accounts from seeing content about self-harm and eating disorders

Meta to restrict teen Instagram and Facebook accounts from seeing content about self-harm and eating disorders ... Meta is going to automatically...



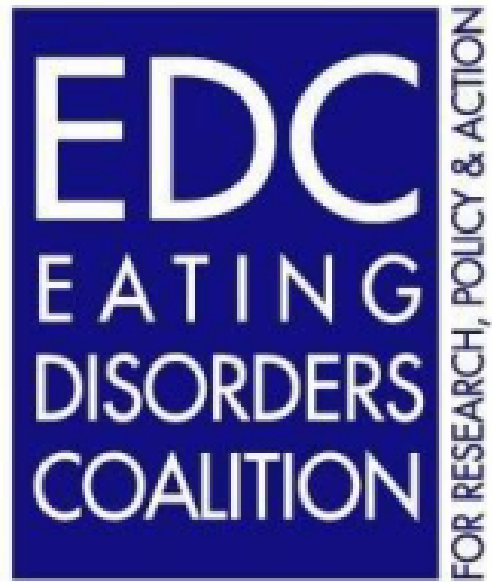
 The New York Times

TikTok Attempts to Rein In Weight Loss Posts

The company said it will work to remove content about drugs like Ozempic, extended fasting and more from the "For You" feed.

May 17, 2024





U.S. Senate Passes the Kids Online Safety and Privacy Act Marking a Historic Moment for Kids Online Protection

WASHINGTON D.C. (July 30, 2024) – Today, the U.S. Senate passed the *Kids Online Safety and Privacy Act* (KOSPA), formerly known as the *Kids Online Safety Act* with a vote of 91 to 3.

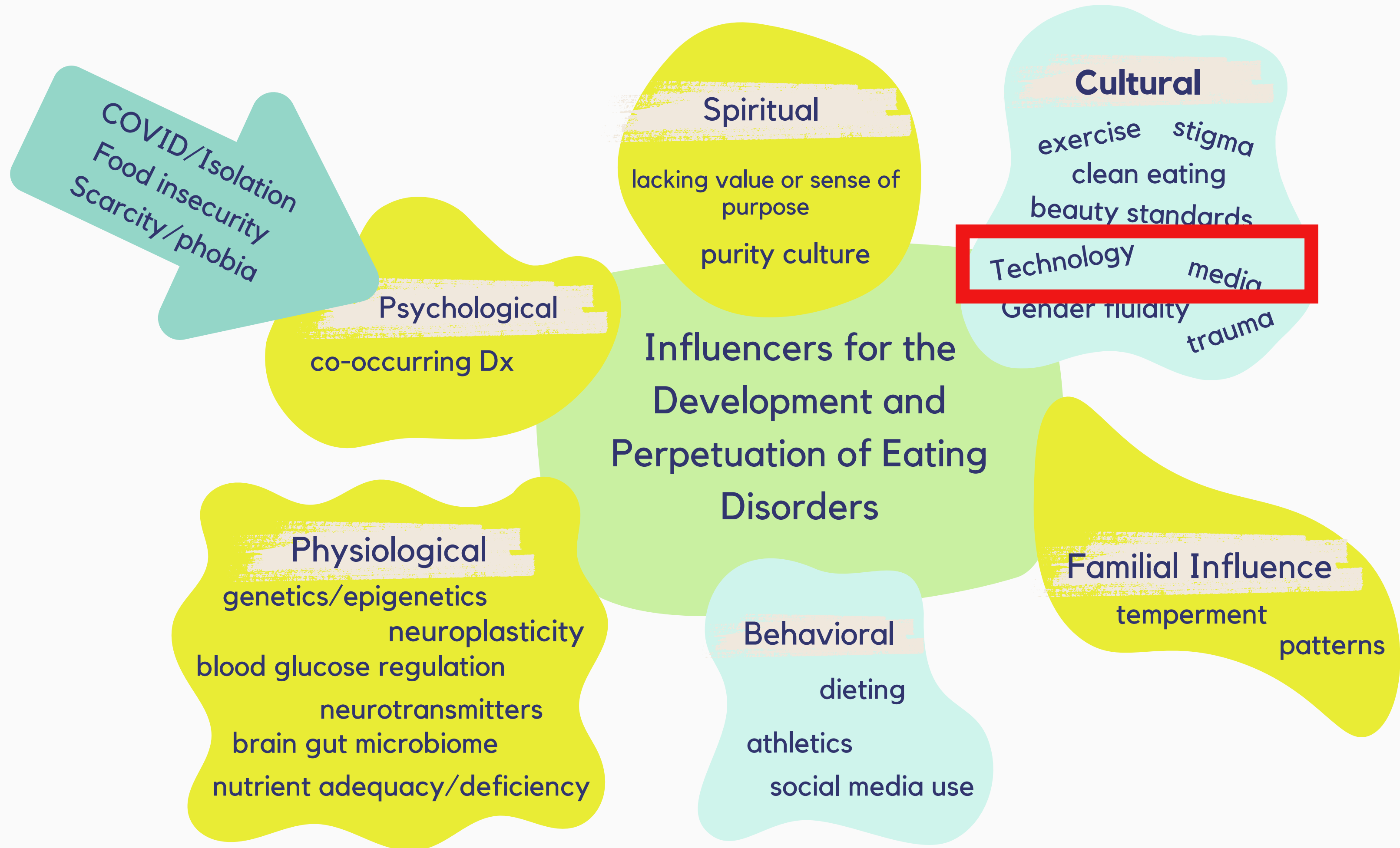
An [increasing body of evidence](#) demonstrates that many online platforms are designed in ways to expose young people to harmful content that creates negative body image, incites bullying and other damaging behaviors like substance use, can lead to self-harm, eating disorders, suicidal behaviors, promote addictive use patterns, and pushes products that are especially unsafe for children. KOSPA will implement robust measures to protect children from these various online threats, ensuring a safer digital environment.

EDC now urges leadership in the U.S. House of the Representatives to bring KOSPA to the House floor for a vote as soon as they return from August recess. The 118th Congress has the opportunity to make history by passing the first legislation in 25 years to protect kids online.

Big Industry

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- Teens aside, we are all living in diet culture with a \$185.4 billion weight loss industry
- It is estimated that the new weight loss DRUG industry could be worth \$200 billion within the decade (Barclays Bank, CNN News 4/28/23)
- Social media incentives buying ("influencing") and trends, weight loss and otherwise. Annual revenues for TikTok and Instagram are also upwards of \$200 billion.



Bringing It All

Together

- Adolescents are uniquely vulnerable to the development of disordered eating and eating disorders
- Social media appeals to ALL brains, including those that are still developing
 - impulsivity, and amygdala-driven behaviors are reinforced
- This is not to say that exposure to social media causes behaviors, but rather creates an environment where disordered eating, unrealistic body image standards, etc. are perpetuated & reinforced.

Tip:

familiarize yourself with what forms of technology and social media your adolescent clients use to better understand what types of messages they are in contact with

Supporting Adolescents: Teamwork!

Objective 2:

Discuss the collaboration between dietitians and therapists in providing care for adolescents with eating disorders.

Objective 3:

Explore emerging trends, evidence-based practices, and effective therapeutic approaches for adolescents with eating disorders.

How do we all work together?

First Steps

To Eating Disorder Treatment

- Establish a treatment team: therapist, dietitian, and medical provider.
- Establish level of care needed
 - Medical stabilization if needed
- Establish if/how much weight is suppressed and set weight goal ranges (to be reassessed every 3-6 months)
- Nutrition rehabilitation
- Psychological progress cannot occur until re-nourished

Dietitian

Scope of Practice

- RD identifies nutrition concerns, but cannot diagnose an eating disorder. RDs CAN diagnose malnutrition, however.
- RD provides nutrition therapy, but not psychotherapy.
- RD collaborates with the treatment team and does not work alone in treating eating disorders. Multi-disciplinary team is a MUST.
- RD uses Nutrition Focused Physical Exams to aid in diagnosing malnutrition, assessing for nutrient deficiencies.
- Evaluate current eating patterns

The ED Dietitian

Scope of Practice

- Maintain a neutral and non-judgmental approach to the patient's food/body behaviors
- Educate regarding affects of under nutrition on physical and mental health
- Challenge food rules, misinformation or detrimental beliefs about themselves or food.
- Plan activities like meal support, grocery shopping, cooking instruction
- Develop goals to help patient work toward a healthy eating pattern or behaviors.
- Help clients gain understanding of how they are using their behaviors to serve them
- Reframe disordered thoughts and feelings surrounding food/body/weight

Therapist

Scope of Practice

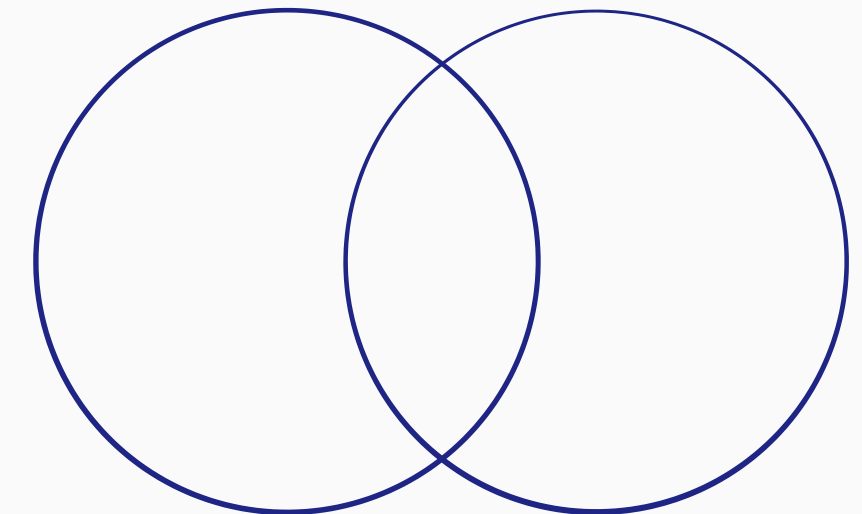
- Appropriately assess and diagnose eating disorders.
 - Determine level of care based on severity
- Provide psychoeducation to adolescents and families regarding eating disorders, co-occurring disorders, and emotions.
- Support clients and families (when applicable) with effective communication skills.
- Aid clients in building insight - identifying cognitive distortions and reinforcing beliefs of the eating disorder.
- Build coping skills to manage triggers, stressors, and prevent relapse.
- Collaboration with interdisciplinary care team.

Therapist & Dietitian

Where We Overlap

Common themes in session:

- Smaller does not equal better or healthier.
- Bodies aren't meant to all look the same.
- See food as neutral, not good or bad food.
- You are worthy of nourishment no matter what.
- You were created worthy and you are loved.
- My body knows what to do with this.
- This is safe.
- "Stop listening to yourself and start talking to yourself"



Levels of Care

Inpatient/ Hospitalization

- Complete food refusal
- Suicidality
- Complex medical concerns
- Need supervised refeeding

Residential Treatment

- Lower levels of care have been insufficient
- Complex ongoing medical concerns
- Complex mental health presentation
- Need for **all** meals to be supervised
- Need for supervision during off-treatment hours

Partial Hospitalization

- Lower levels of care have been insufficient
- Complex ongoing medical concerns
- Complex mental health presentation
- Need for **most** meals to be supervised

Intensive Outpatient Programming

- Lower level of care has been insufficient
- Would benefit from group and individual therapy
- Need for additional accountability with nutritional and therapeutic goals

Outpatient Treatment

- Generally able to function on own
- Is able to work toward treatment goals
- Can maintain nutritional intake with assistance
- Medically stable or exhibiting few medical concerns

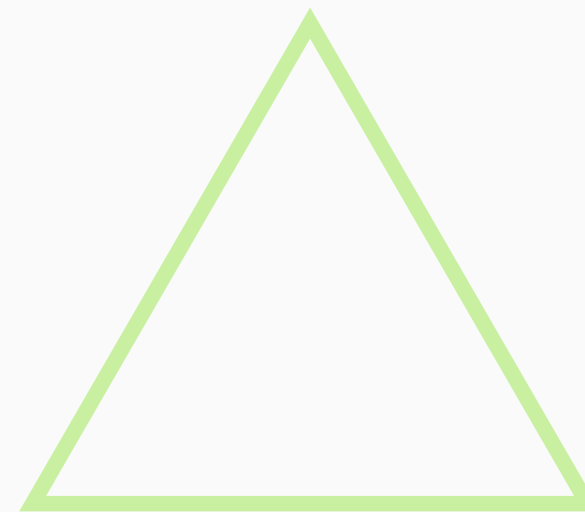
The Importance of *Individualized Care*

- Treating adolescents means treating families.
- Even within standardized models of family based interventions (FBT or otherwise), individualized treatment for the family and client is essential
- No treatment is universally fitting for all individuals or families
- Many families require additional or alternative treatment and interventions (Baudinet et al., 2023)
- Considering appropriateness of family therapy for each case is imperative
- Make necessary referrals for all family members throughout the process, encouraging systemic care

Providing Psychoeducation

- Eating disorders are emotional disorders, and adolescents have **big** feelings.
 - Normalize: Emotions give us important information, allow us to communicate to others, and can motivate us.
 - Common emotions: anger, anxiety, fear, guilt, hopelessness
- Adolescents often react quickly to uncomfortable emotions. Emotion awareness skills build time to press pause!

Intervention:



emotion triangle - physical
sensations, behaviors/urges,
thoughts

Providing Psychoeducation

- Effective education around eating disorders, their function, and the emotions that make up the pieces of this puzzle are key!
 - Allows for increased understanding, validation, and compassion.
- When working with families/supports, set clear expectations:
 - Not here to “fix” your child - everyone needs to change. If a person with an eating disorder is expected to tolerate distress, deal with emotional discomfort, etc. the support and family system should, too - parallel process.

Interventions:

- Maudsley animal analogies (caregivers)
- visual aids to determine the parts/pieces/factors of ED development

Increasing *Flexibility*

- Motivation - establish the “why”
- Increasing cognitive flexibility
 - Slowing down reaction time
 - Social media/texts can be used to practice perspective taking, challenge automatic thinking.
- Allows for use of effective and evidence-based skills

Intervention: social media review and clean-out

Caregiver Communication & Boundary Setting

- Respond with support and compassion instead of problem-solving straight away.
- Helps adolescents build confidence and autonomy in their ability to cope.
 - Some ideas for responses to a teen who is having a difficult emotion include:
 - “I know you feel worried. Whatever happens, I know you have what it takes to get through this moment.”
 - “I believe that you can handle this, even when it feels hard.”
 - “Your feelings make sense, AND at the same time I know it’s important that we _____ (finish meal, resist an urge, take a pause, etc).”
- Validate emotions, not ED behaviors.
- Practice saying no firmly but kindly.

Setting Limits for *Screen Time*

- AAP Recommendations:
 - Parents should “place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.”*
 - Parents should designate media-free times (dinner, driving) and media-free zones at home (bedrooms).
 - Parents should frequently communicate about online safety and civility.

Adolescent Support Systems



FAMILY

- Parents
- Siblings
- Extended family
- Caregivers. at-home supports



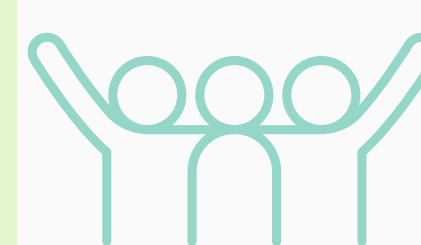
SCHOOL

- Teachers
- Counselors/Social Workers
- Nurses
- Aides
- Coaches



COMMUNITY

- Spiritual leaders
- Coaches
- Extracurricular activities



FRIENDS

- Peer group
- Friend's family members
- Social supports

Supporting Healing and Recovery

Objective 4:

Consider the journey to recovery for adolescents, including the unique challenges this population presents.

Objective 5:

Identify strategies for creating an environment conducive to recovery and relapse prevention.

How can this be done at home?

Nutrition & Development

Unique Challenges with Adolescents

- Comparison (body, food intake)
- Self-evaluation
- Emphasis on external appearance
- Need for acceptance/approval
- Difficulty identifying and sharing emotions about a particular situation
- Denial --"I'm fine"
- Structure/rules vs autonomy

Nutrition & Development

Unique Challenges with Adolescents

- Lower threshold for suboptimal intake in young adolescents due to needs for growth and development.
- Uphill battle
 - Hypermetabolism
 - Increased energy expenditure for activities/sports
 - Weight restoration needs
 - Higher needs to support growth and development

Normal Growth

in Puberty

- Kids grow “out” before they grow “up”. Normal growth and catch up height can’t happen if the weight is not there.

Female Growth

- Early puberty--2 inches/year average
- Mid puberty (year before menarche): 4-6"/yr
- 2-3 years after menarche: 2-3" total
- Growth window closes 2-3 years after menarche

Male Growth

- Early puberty--2 inches/year average
- Mid puberty: 3-4"/yr
- Late puberty: 4-6"/year
- Growth window closes in late high school or early college age

Normal Growth *in Puberty*

Mean Rate of Weight Gain per Year (lbs)

| Age (years) | Girls CDC 50th | Girls CDC 90 th | Boys CDC 50th | Boys CDC 90th |
|--------------|----------------|----------------------------|---------------|---------------|
| 10-11 | 10 | 13 | 9 | 14 |
| 11-12 | 10 | 12 | 10 | 13 |
| 12-13 | 9 | 10 | 11 | 14 |
| 13-14 | 8 | 10 | 12 | 14 |
| 14-15 | 6 | 8 | 11 | 14 |
| 15-16 | 4 | 4 | 10 | 11 |
| Total | 47 lbs | 57 lbs | 63 lbs | 80 lbs |

Mean Rate of Stature Gain/Year CDC 50thile (cm)

| Age (years) | Girls CDC 50th | Girls CDC 90 th | Boys CDC 50th | Boys CDC 90th |
|--------------|----------------|----------------------------|---------------|---------------|
| 10-11 | 6 | 7 | 5 | 6 |
| 11-12 | 8 | 6 | 6 | 6 |
| 12-13 | 6 | 6 | 7 | 7 |
| 13-14 | 3 | 3 | 7 | 8 |
| 14-15 | 1 | 1 | 6 | 6 |
| 15-16 | 1 | 1 | 4 | 3 |
| Total | 25 cm | 24 cm | 35 cm | 36 cm |

Nutrition & Development

Unique Challenges

- Bone formation
 - Adolescent years are critical
 - 90% of bone mass is acquired by the age of 18-20 bone loss is one of the things that is difficult to reverse or correct after the fact
- Target Weights--a moving target
 - Weight restoration is the single biggest protective factor against relapse

Nutrition & Development

Determining Target Weights

- Do not use Hamwi equation
 - Developed for adults
 - Based on no data whatsoever
 - Significantly underestimates.
- 50thile BMI/age or Median BMI ---OK when no other data is available
- Other--weight at which menses returns---also highly variable.
- Low goal weights can reinforce the disease and interfere with treatment or complete recovery.

Nutrition & Development

Determining Target Weights

- Cognitive recovery happens last in ED recovery and often at a higher weight than physical recovery or “weight restored”
- Weight bias can impact goals
- Higher wt individuals can be harmed by low target weights.
- Need standard process that works for all EDs.
- Need to account for any linear height suppression and catch up growth.

Target Weights

Individualized Goal Weights

- reflect growth patterns.
- consider pubertal stage--no such thing as "maintenance" for adolescents
- still normal to gain and put on mass even in our 20s
- Use growth charts!
- Height suppression with more long term malnutrition. May need to consider adequate weight gain to support catch up height too.

When mealtime is rough

Tips for Parents/Supports

- Approach meal times calmly, even if met with resistance.
- Be consistent with expectations.
- Resist the urge to argue or negotiate about food. Instead, calmly present meals as a non-negotiable part of treatment.
- Praise efforts, not just the outcome. Acknowledge even small wins.
- Offer gentle encouragement without pushing too hard.
- Encourage hobbies or family activities outside of meal time that can provide comfort and distraction from food-related anxiety.
- Be patient with the process and persistent.
- Don't be afraid to reach out to skilled professionals for more guidance.

Creating a Supportive

Food Environment

- Model positive attitudes toward food. Avoid labeling foods as “good” or “bad”.
- Encourage family meals without distractions like TVs or phones.
 - Exception--when distraction is helpful for meal completion. Can consider more engaging activities like a family game at the table.
- Focus on overall well-being, not weight or appearance.
- Refrain from any diet, weight, or weight loss discussion around children.
- Offer a range of foods.
- Involve kids in cooking or food preparation (if/when appropriate)
- Create a non-judgemental space so a child feels comfortable sharing their food/body feelings

Progress Indicators

- weight restoration (when suppressed)
- improved energy levels
- resumption of period (when applicable)
- vitals/temp/labs in normal ranges
- regular, adequate sleep
- normal GI functioning
- decreased eating disorder thoughts/behaviors
- return of consistent hunger and fullness cues
- adequate nutritional intake
- healthy hair/skin/nails
- back to normal social interaction
- healthy body image

Tip: This is a slow process. Adolescents need to “test the waters” (just like adults!) to feel affirmed in making recovery-focused changes

Visual Social Media



Weight Stigma



Development of Body Image



Bullying

Family System

EDCI

Body Confident *Parenting*

Explore YOUR values and attitudes

See yourself as a role model

Teach self care lessons to kids

Establish good communication

Be the diet culture critic

No negative body talk

Create acceptance for who they are

Focus on what your body does for you

Be body-grateful

Focus on non-appearance aspects of self.

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Some Do's and Dont's

Body Image Edition

DO

- Approach conversations with compassion.
- Be open and honest about your concerns – be specific/use “I” statements
- Allow them time to process.
- Set a positive example.
- Build them up focusing on non-body related compliments or things completely unrelated to appearance.
- Encourage and help them build self compassion

Some Do's and Don'ts

Body Image Edition

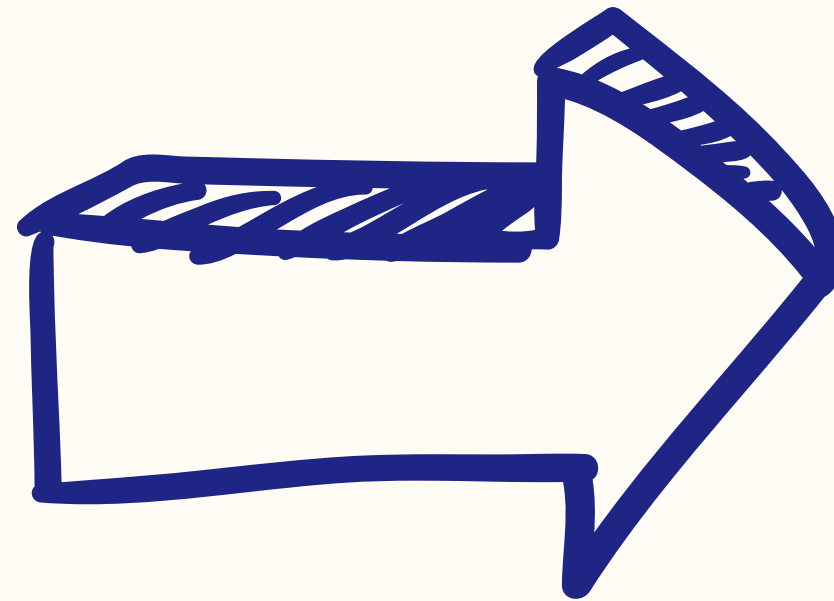
DON'T

- Disregarding their feelings just because you may not agree or understand.
- Shame them for struggling with their body image
- Force them to talk about their body image issues when they're not comfortable
- Comment on their body, weight, or eating habits
- Comment on your own body or other people's bodies, especially in a negative way
- Compare yourself to them.

Tip: Let go of trying to "fix" body image and instead, help them explore it.

* Mindset Shifts *

**Focusing on
body as an
ornament**

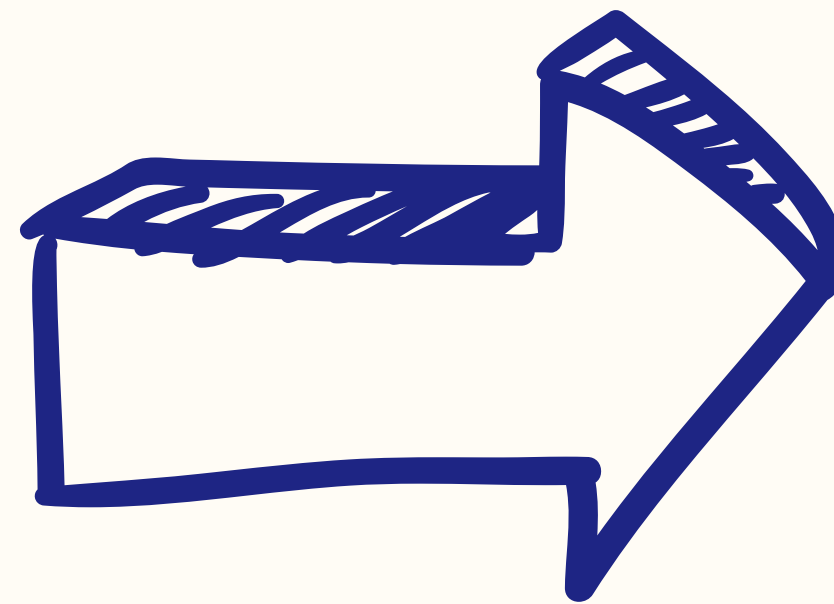


**Body as an
instrument for
own use**

**Remember the power of words--stop talking about bodies/external appearance so much. Focus on gratitude and body function.
Take note of when body objectification occurs.**

* Mindset Shifts *

**Focusing on
body
measurements**

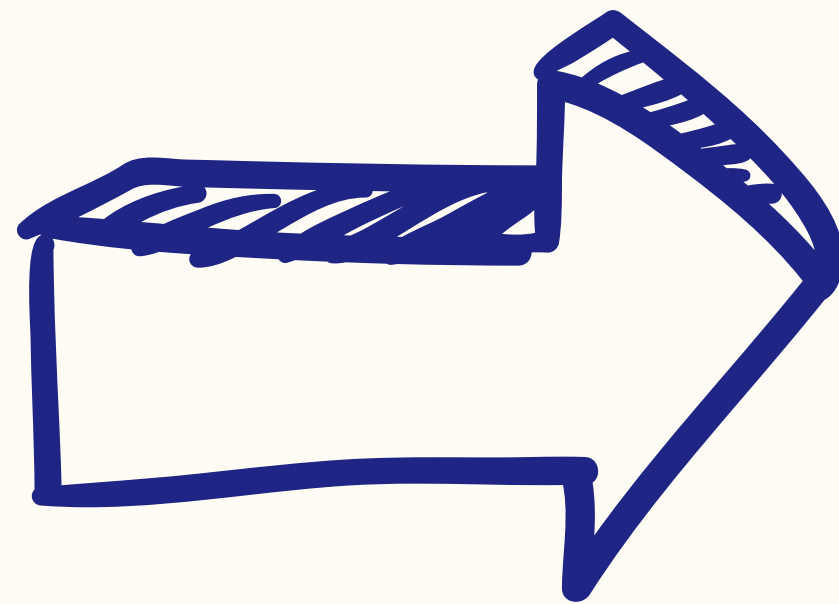


**Focusing on self
care/ health
promoting
behaviors**

Behavior goals > weight goals
Benefits of movement for physical and emotional health
Ditching the diet mentality

* Mindset Shifts *

**Judging people
based on
appearance**



**Recognizing &
celebrating
body diversity**

Acknowledge size-ism on all levels (internalized, interpersonal, systemic)

Genetic contribution to body size/shape 30-70%

Normalize body changes, address fatphobia

A Few Resources

For parents and teens

Books:

More Than a Body by Lindsay and Lexi Kite
The Intuitive Eating Workbook for Teens
No Weigh! A Teen's Guide to Positive Body Image, Food,
and Emotional Wisdom
Nurture: How to Raise Kids Who Love Food, Their Bodies,
and Themselves
How to Nourish Your Child Through and Eating Disorder
How to Raise an Intuitive Eater

Podcasts or Social Media:

@thenutritiontea
@diet.culture.rebel
@proud_peaceful_nutrition
@aimtherapy
Outweigh podcast
Eat the Rules podcast with Summer Innanen
The Real Pod with Victoria Browne
Maintenance Phase podcast

Tip: Consider what works best for your client--books or workbooks aren't for everyone. Get creative!

Connect with Skilled Eating Disorder Providers



**textED
resources**

Connecting Iowans to
crucial resources to
increase awareness
and prevention of
eating disorders.

Eating Disorder
Coalition of Iowa

TEXT LINE

Get ED resources on
your phone!

 **EDCI**
Eating Disorder Coalition of Iowa

The graphic features a stylized teal smartphone on the left with three text messages. The top message is from the Eating Disorder Coalition of Iowa. The middle message says 'TEXT LINE'. The bottom message says 'Get ED resources on your phone!'. To the right of the phone, the text 'textED resources' is written in large, bold, black letters. Below this, a teal-colored paragraph describes the service: 'Connecting Iowans to crucial resources to increase awareness and prevention of eating disorders.' At the bottom right of the graphic is the EDCI logo, which consists of a teal circular icon with four human figures and the text 'EDCI Eating Disorder Coalition of Iowa'.



EDCI

Want to learn more?

Follow EDCI for more training opportunities!

FREE Consultation Group

8:00am, 3rd Thursday of the
month
email k.tallon@edciowa.org to
receive the zoom link

Request for Weight Neutral/Inclusive Medical Providers

To join the list please scan the
QR Code:



THANK YOU

QUESTIONS?

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