



# Help!

I'm Not an Eating Disorders Clinician: Effective Strategies for Taking Care of Patients with Eating Disorders in Varied Clinical Settings

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# Objectives

1

Build your confidence in identifying and caring for youth with eating disorders

2

Help increase clinical capacity to prevent and treat eating disorders in youth

3

Provide space to practice and build comfort with some key skills

# Outline

What's in store...

01

Brief overview of  
common eating  
disorders

02

Assessment Questions



Interventions

03

Resources

04



# **Brief Overview of Common Eating Disorders**

How to spot them

# What am I looking for?

## Common Eating Disorders

# ADOLESCENCE

### **Anorexia nervosa**

Restrictive eating, weight loss/underweight, body image disturbance, focus on thinness

### **Bulimia nervosa**

Binge-eating and purging, desire for weight loss, overfocus on body image

### **Other**

Atypical Anorexia, Orthorexia, Unspecified

# Common clinical signs of an eating disorder

## How to spot them

01

### Disordered eating

Counting calories, skipping meals, rigid food rules, avoidance of broad categories of food

02

### Weight loss

Any weight loss in a youth deserves further investigation

03

### Body image

Over-valuation of body size or shape

04

### Purging and exercise

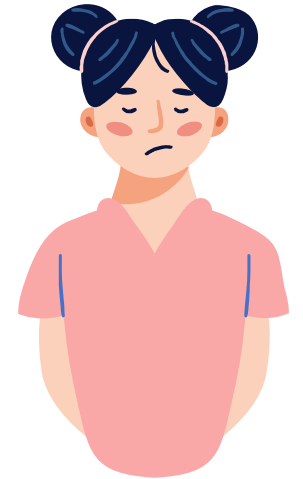
Self-induced vomiting, laxatives, diet pills, excessive exercise



# Other Red Flags

Clinical signs and symptoms that may signal an eating disorder

Family	Overly restrictive home food environment, food insecurity, parental over-focus on weight/size
Psychological hx	Comorbid dx: depression, anxiety, OCD, autism
Personality traits	Perfectionism, internal, impulsive
Cultural ideals	Acculturation, pursuing the “thin ideal,” social media





# Intentionally Vague Case Study: Rosa

- 14 yo cisgender, Latinx female, first generation Mexican American
- Referred by primary care provider for abdominal discomfort, concern for multiple food “allergies,” weight loss, low appetite – requesting assistance with diet
- PCP sent growth charts showing
  - Height tracking steadily along the 50th %ile
  - Weight tracking along the 90th %ile until age 12 years
  - Highest weight = 55 kg
  - Weight currently at the 25th %ile (45kg)
  - BMI dropped from 24 kg/m<sup>2</sup> (~90th %ile) to 17.8 kg/m<sup>2</sup> (~25th %ile)
- Comes to clinic with her mother who is concerned that Rosa cannot eat many of the foods she used to enjoy

# **Assessment Questions**

How to ask about them

# Assessment Questions: Disordered Eating

## Changes to eating

When did you first notice changes to your eating? What prompted those changes?

## Variety and volume

Are there any foods you are eating less of or avoiding? Eating more of? Any changes to portion sizes? Skipping meals?

## Keeping track

Do you read nutrition labels? Count calories? Keep track of what you're eating?

## At home

Which meals does your family eat together? Do you eat different foods than your family members? Do you prepare your own food?



# Assessment Questions: Weight Changes

## Growth Charts

Inquire about periods of unexpected deviation from CDC curves.

## Reported Weight History

In the last year (or two) – highest weight? Lowest weight?

## Intentionality

Were you trying or wanting to change your weight?

## Triggers

Did anything happen to make you want to change your weight?



# Assessment Questions: Body Image

## Overall body image

How do you feel about the way you look?

Which areas of your body, if any, do you want to change?

Do you do any body or mirror checking?

Do you weigh yourself? How often?

## Body dysmorphia

How do you see yourself compared with how others see you?



# Assessment Questions: Purging

## Vomiting

Have you ever thrown up after eating? Was it on purpose?

## Exercise/Physical Activity

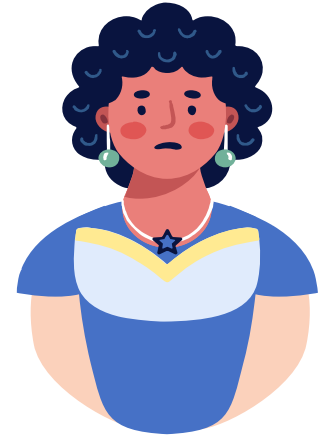
What do you do that's active?  
Tell me about any times that you've exercised in secret, or felt like you needed to exercise to burn calories.

## Laxatives

Do you use any type of laxative?  
Which kind, how much, how often and for what purpose?

## Insulin

For patients with diabetes, ask if they have ever withheld insulin purposefully.



# Slightly Less Vague Case Study: Rosa

- In your initial assessment, you learn
  - Rosa is a strong student and driven to attend college
  - She has many friends and feels close to her family
  - Her mother is the primary cook for the family and makes traditional Mexican dishes, which Rosa used to love
  - She experiences abdominal pain after eating foods that are higher in sugar and fat
  - She is now making her own foods instead of eating with the family
- Your clinical intuition tells you she may be withholding some information
  - You invite her mom to leave the room, which she and Rosa are OK with

# Role Play

In small groups, practice asking disordered eating and body image assessment questions





# **Intervention**

How to address them

# Psychoeducation

Psychoeducation is a key intervention with parents and youth

“Your child’s behaviors may be due to an eating disorder”

“Disordered eating and weight loss are very serious concerns”

“Research shows that when parents are involved, the youth is more likely to get better faster”

# Psychoeducation

- Identify the risks for serious medical consequences
- Some youth may wish to avoid consequences (e.g., hair loss)
- Be aware that the youth is likely to be **ambivalent**



# Medical Consequences

## BRAIN

Preoccupation with food/calories, fear of gaining weight, headaches, fainting, dizziness, slowed thinking, inability to focus, mood swings, anxiety, depression, brain volume loss

## HAIR/SKIN

Dry skin and lips, brittle nails, thin hair, easy bruising, yellow complexion, growth of fine hair over the body (lanugo), intolerance to cold

## HEART

Poor circulation, irregular or slow heartbeat, very low blood pressure, heart failure, cardiac arrest

## BLOOD

Low iron levels (anemia/decreased red blood cells), increased risk of infection (decreased white blood cells)

## INTESTINES

Loss of hunger and fullness cues, slowed digestion, constipation, diarrhea, bloating, abdominal pain



## HORMONES

Irregular or absent periods, infertility

## KIDNEYS

Dehydration, kidney failure

## BODY FLUIDS

Decreased sodium, potassium, magnesium

## BONES

Loss of bone mass and density (osteopenia, osteoporosis), fractures

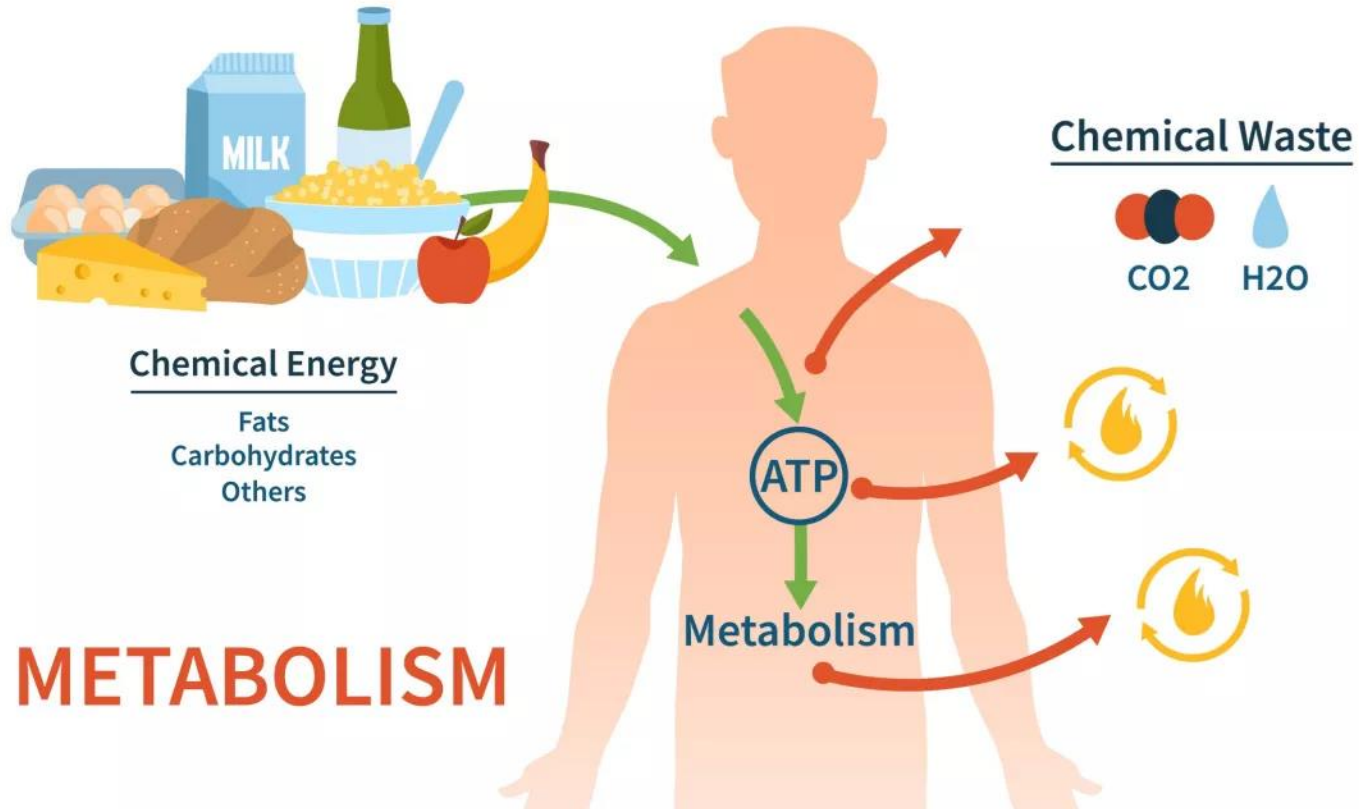
## MUSCLES

Weakness, fatigue, muscle loss

## LIFESPAN

Progressive/chronic illness, increased risk of death (from chronic malnourishment, cardiac complications, suicide)

# The “Metabolism Talk”



# Parent-Led Refeeding

Aligned with Family-Based Treatment

Parents provide meals and snacks every 2-3 hours

Use distractions!



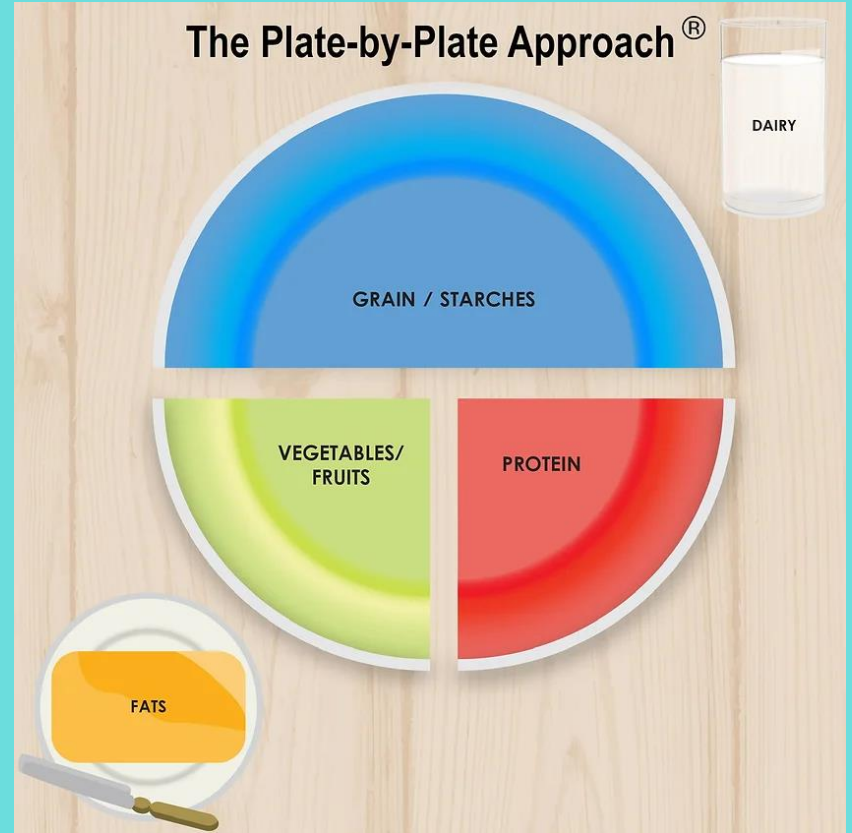
Parents eat regularly with youth

Parents select nourishing foods

Set a calm tone at mealtimes

Provide encouragement

# The Plate-by-Plate Approach



## More Detailed, Still Ambiguous Case Study: Rosa

- In your deeper dive assessment with Rosa on her own, you learn
  - Rosa was teased about her weight by some kids in school when she was 12
  - She started to feel badly about her looks at that time and secretly began eating less to lose weight
  - After about a year of reducing her portions, she started experiencing abdominal pain with eating and early satiety
  - She likes her thinner body but denies wanting more weight loss
- You thank Rosa for her honesty and encourage her to share this information with her mother when she rejoins your visit
- Rosa is relieved to not be keeping this a secret from her mother



# Role Play

In small groups, practice one of the interventions we reviewed



# Eating Disorders Resources

Most resources are available in English and Spanish for parents

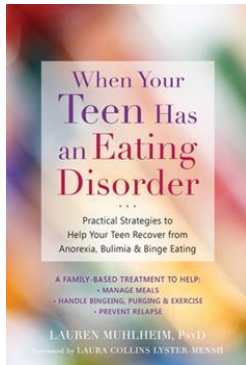
## F.E.A.S.T

<https://www.feast-ed.org/>  
Parent support and education



## National Eating Disorders Association

<https://www.nationaleatingdisorders.org/>



## Book by psychologist

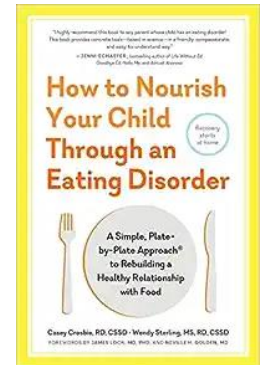
Family-Based Treatment strategies for parents

## Parent Meal Support Tips

<https://keltyeatingdisorders.ca/recovery/meal-support/>

## Book by RDs

Parent-led refeeding



# Thank you!



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