

Alan Hu Foundation Mental Health Lecture Series

Eating Disorders: Recognition, Screening, and Treatment ((And How Technology Can Help)

Ellen Fitzsimmon-Craft, PHD

Associate Professor of Psychological and Brain Sciences, and Associate Professor of Psychiatry, Washington University in St. Louis, and licensed psychologist

September 30, 2025

[00:00:00]

Chih-Ching Hu: Welcome everyone to the Alan Hu Foundation Mental Health Lecture Series. I'm Chih-Ching Hu, cofounder of Alan Hu Foundation and host for your webinar. Today, Dr. Ellen Fitzsimmons-Craft will present "Eating Disorders: Recognition, Screening, and Treatment (And How Technology Can Help)."

We'd like to thank Three Valleys Community Foundation for funding this webinar. We'd also like to thank the Mental Health Association for Chinese Communities for providing simultaneous Chinese interpretation. Thank you to Penny Chen for Chinese interpretation, and thank you to Marty Dickinson for Spanish interpretation.

Alan Hu Foundation's mission is to promote mental health, raise awareness and remove stigma surrounding psychiatric disorders, and support fundamental research for cures. Please consider making a gift to Alan Hu Foundation by using the donation link in the chat box. Thank you for supporting our programs.

[00:00:59]

Today it is our great honor and privilege to introduce Dr Ellen Fitzsimmons-Craft.

Dr. Fitzsimmons-Craft is a licensed psychologist, an Associate Professor of Psychological & Brain Sciences and Psychiatry at Washington University in St. Louis. Her research centers on the use of technology for eating disorder prevention and treatment, screening, sociocultural, etiological, and maintenance factors for eating disorders, recovery, and college mental health.

Ultimately, her work aims to disseminate evidence-based interventions from research to practice, as well as to extend treatments and access to reach the many people in need of care for mental health problems who aren't receiving services.

[00:01:48]

Her work has been funded by the National Institute of Mental Health, the National Eating Disorders Association, the Klingenstein Third Generation, and the Office on Women's Health in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services, amongst others. She has authored more than 150 peer-reviewed publications, and her work has been featured in the New York Times, 60 Minutes, NPR, Wired, Forbes, and Scientific American.

Eating disorders are common, serious, mental illnesses, but less than 20% of individuals with these problems ever receive treatment. In this talk, Dr. Fitzsimmons-Craft will review diagnoses and risk factors for eating disorders, signs and symptoms, the importance of screening and prevention, how to talk to loved ones who may be struggling, and options for treatment. Finally, Dr. Fitzsimmons-Craft will talk about her work; harnessing technology to expand access to screening and care for eating disorders.

[00:03:01]

This webinar is being recorded. The recordings will be available on the Alan Hu Foundation website and Alan Hu Foundation YouTube channel in about 2 weeks. Please subscribe to Alan Hu Foundation YouTube channel.

Following the presentation there will be a Q&A session. Please use the Zoom Q&A function to submit your questions. The presentation is for educational purposes only and is not intended for medical diagnoses. If you have any persistent symptoms, please seek professional help.

With that, I'm turning to Dr. Fitzsimmons-Craft. Welcome, Dr. Fitzsimmons-Craft.

[00:03:37]

Dr. Fitzsimmons-Craft: Thank you so much for that really lovely introduction. I'm really delighted to be here and really inspired by the mission of your organization and really pleased to have the opportunity to talk with you all a bit more about eating disorders. So, with that, I'll take it away. So, in terms of an overview for today's presentation, we'll talk a little bit about: what are eating disorders, how to recognize them, some ideas for talking to loved ones that you may be concerned about or who may be struggling with some of these issues, a little bit about treatment options and where to find them, an introduction to the work of my lab, the access lab here at WashU, and also some comments about how we can create a positive environment to help support individuals in helping to achieve the the best eating habits and body image that they they can.

[00:04:34]

I will try to be very prompt and end on time so we have enough time for your what I'm sure to be excellent questions. So in terms of what eating disorders are, I first wanted to talk about some truths about eating disorders. And these are really in response to many of the myths that are out there and often persist about eating disorders. The first truth being that, in contrast to the myth that you can tell if someone has an eating disorder just by looking at them, you know, many people think that all people with eating disorders are very thin and underweight. And in fact, the truth is that many people with eating disorders look healthy yet may be extremely ill. Number two, this is in response to the myth that for a long time families and in particular mothers were really often blamed for the development of these concerns in their families.

[00:05:30]

In fact, research has really shown that families are not to blame and can be patient's and provider's best allies in treatment. There's also been the myth out there that eating disorders are choices or that these are problems of vanity that individuals can just sort of snap out of should they choose. In fact, truth number three is that an eating disorder diagnosis is a health crisis, a health crisis just like we would consider any other health crisis like cancer or some other illness that an individual happens to experience that really does disrupt personal and family functioning. This one is related, number four, that eating disorders are not choices but are in fact serious biologically influenced illnesses. We now know that eating disorders do have a significant genetic and biological component.

[00:06:30]

We often think about them as developing within a biopsychosocial framework, meaning that typically, someone's biology and genetics does play a role in addition to other psychological factors that may be putting them at risk, in addition to other social influences. Another myth that can often surround eating disorders is that these only affect certain types of people. For a long time, and perhaps still today, you've encountered the myth that eating disorders only affect certain types of individuals. And oftentimes, the stereotype was thin, white, affluent women. In fact, we've now shown that eating disorders affect people of all genders, ages, races, ethnicities, body shapes, weights, sexual orientations, and socioeconomic statuses. An additional myth around eating disorders is that they're not that serious or not that big of a deal, when in fact, again, another truth is that these are very serious mental illnesses and do carry an increased risk for both suicide and medical complications. Truth number seven, genes and environment play an important role in the development of eating disorders. It's not just an either-or situation or only one of these things that contributes.

[00:07:50]

Truth number eight, genes alone do not predict who will develop an eating disorder. And then finally, another myth that can sometimes persist out there is that if an individual develops an eating disorder, these are lifelong illnesses, when in fact we know that a full recovery from an eating disorder is possible, but we would certainly also emphasize that early detection and intervention is important in order to give individuals the best chance at that full recovery. If you're interested in learning more of the science behind these nine truths about eating disorders, I would recommend that you check out this really excellent publication authored by Katherine Shemberg, Cindy Buick and colleagues; published a number of years back, and you can check out this article. So, what is an eating disorder? These are mental illnesses that

do have physical consequences. They typically involve preoccupation with food, weight and or shape and control of these things. In eating disorders we often see that for food, weight, or shape, control of these things can be a significant source of self-esteem or self-worth for individuals. They can make up a source of their identity. We often see in anorexia nervosa that the eating disorder is very egosyntonic, meaning that it's really become part of somebody's identity and really who they are.

[00:09:25]

We can also see that there can be obsessive thinking and anxiety around these topics, and in some individuals with eating disorders, these behaviors become a source of emotional regulation, and they can be engaged in as a way to cope with negative effects of some type. The eating disorders typically involve strict dieting or attempted dieting and they typically can also involve compensatory weight control behaviors. By this, I mean weight control behaviors like self-induced vomiting, fasting, or very excessive and intense exercise that's specifically engaged in to try to make up for eating. But they also engage in non-compensatory weight control behaviors, so maybe behaviors that aren't quite directly engaged in to make up for a particular episode of eating, but kind of a long-standing dieting type behavior. So, getting more specific about the main eating disorder diagnosis, first, there is anorexia nervosa, which involves food restriction to affect weight or shape.

[00:10:35]

This also includes an intense fear of gaining weight and involves disturbance in body image. Typically, individuals may perceive themselves as too large, when objectively, they're very thin or underweight. In anorexia nervosa, it's also important to note that while this does typically involve um weight loss, individuals can either be significantly underweight, or, in what's currently called atypical anorexia nervosa, individuals may still remain in a normal weight range but still have lost significant amounts of weight and be experiencing very negative consequences for that. I should also note that in youth, anorexia nervosa can sometimes look like maybe not necessarily weight loss, but no weight gain while still gaining height, which of course, would be a problem in a youth, and that could move them into an underweight or unhelpful weight category.

[00:11:44]

The next diagnosis is bulimia nervosa, which involves recurrent episodes of binge eating that is accompanied by the use of inappropriate compensatory behaviors to make up for the food eaten. That involves things like self-induced vomiting, excessive exercise, and the behaviors that I mentioned before. In individuals with bulimia nervosa, we do often see that self-worth is highly dependent on body shape and weight. So again, how one looks; their weight or their shape, that really makes up a significant portion of an individual's self-worth or how they feel about themselves. Binge eating disorder involves recurrent episodes of binge eating which I should define and is involved in bulimia nervosa as I mentioned as well, which involves eating objectively large amounts of food in a 2-hour period, larger amounts than most individuals would eat in that amount of time or in a particular eating episode. This is accompanied by what we call a sense of loss of control over one's eating.

[00:13:00]

We often describe this as feeling like a ball rolling down a hill or once you get started with eating you just simply cannot stop, you just feel driven or compelled to eat. We see those recurrent episodes of binge eating and binge eating disorder without those accompanying compensatory behaviors. The next eating disorder category is Other Specified Feeding or Eating Disorder (OSFED). This includes atypical anorexia nervosa, which as I just mentioned, involves an individual who still is in a normal weight or even weight category that could be considered overweight but has lost significant amounts of weight and is experiencing all those other symptoms of anorexia nervosa that we just mentioned. We also have purging disorder which involves repeated episodes of purging but without the accompanying binge eating episodes. And then there's also night eating syndrome which involves repeated episodes of eating after the evening meal or even after one has woken up in the night and is another presentation of OSFED.

[00:14:20]

UFED, or Unspecified Feeding or Eating Disorder is really a catch-all diagnosis at this point, for impairments in eating, and that involves clinical distress, but that doesn't meet the full diagnostic criteria for any of the other disorders that we've mentioned. ARFID is another eating disorder diagnosis that's recently been better recognized and this stands for Avoidant Restrictive Food Intake Disorder. This is characterized by avoiding food, but not for reasons related to weight and shape like in all the other eating disorders that we've discussed. Instead, it's typically about sensory characteristics of

the food fears around what will happen if they eat that aren't weight and shape centered. Some individuals, for example, may have very intense fears of vomiting or choking that are associated with this avoidance of food for these non-weight and shape related reasons, but other very significant reasons do lead to nutritional deficiencies: weight loss, again it could also be in adolescence; not weight loss but a lack of growth and height. That's a summary of ARFID.

[00:15:47]

And then finally we have PICA and Rumination disorder; these are eating things that are not food. In PICA and in Rumination Disorder, individuals are chewing, swallowing and regurgitating food. So, we'll focus less on that in today's presentation, but just wanted to mention those other categories. I know that some individuals who submitted questions had a lot of good ones about ARFID. And so, I thought I'd highlight how to distinguish if it's picky eating um or disordered eating. These are some signs that it could be disordered eating and when it may be ARFID and not just picky eating. In particular, typically if it were just picky eating, we would be less likely to see things like sudden or significant weight loss or failure to gain or maintain weight. Picky eaters are typically still able to maintain their weight or gain as is appropriate in adolescence.

[00:16:51]

In ARFID we're seeing interference with psychosocial functioning; individuals who aren't able to attend social activities, for example, because they may be worried about the types of foods present. That's interference with psychosocial functioning and it may be a signal that it could be ARFID. Also, individuals may have extremely sensitive activities to the texture of the food or the feel of the food that would typically not be observed with regular developmentally appropriate picky eating. Picky eaters also don't typically express fear as really their drive for limited eating or food choices, which we may see in ARFID, again like I mentioned those intense fears of choking, for example, that could be leading to these behaviors. And also a lack of interest in food or eating is also something that we can see in ARFID. And in contrast, picky eaters often do feel hungry and are interested in the foods that they enjoy.

[00:18:00]

Those may be some signals that could help you to distinguish whether it could be ARFID or again, just picky eating. Here are just some notes about eating disorders and how these behaviors are reinforcing and really can become quickly habitual. For example, in anorexia nervosa, we may see that individuals engage in restriction, that this, for them, really numbs their feelings. It makes it easier for them to keep restricting and keep maintaining these behaviors. In individuals with bulimia nervosa, they may eat a meal or engage in binge eating, and they're so fearful of what's going to happen because they ate those foods, and they fear weight gain. So then, they may engage in those compensatory behaviors like vomiting, like taking laxatives, like fasting, and they may feel in the moment like they've made up for eating, which, even though research has shown those behaviors aren't always as effective as individuals think they are, they can lead to, you know, greater likelihood to eat again or engage in binge eating with less fear of weight gain potentially.

[00:19:16]

We can also see that, for example, in individuals with binge eating disorder, they feel distressed and they may experience this compulsion to eat. They engage in binge eating - it provides some stress relief and that can kind of further maintain the cycle. So again, kind of just highlighting how some of these behaviors can be maintained and quickly become somewhat habitual, and the importance of early intervention. We know that in total, eating disorders can affect up to about 10% of people in their lifetime. Most people really fall into that other specified or unspecified eating disorder category, which is shown by the big medium blue kind of bubble here; with other sort of smaller percentages of individuals being in those specific categories like binge eating disorder, bulimia nervosa, anorexia nervosa. But overall, this amounts to about 30 million Americans who are experiencing an eating disorder at some point in their life. We also know that eating disorders as mentioned at the beginning of the talk are very serious mental illnesses. One person dies from an eating disorder approximately every 52 minutes, and mortality from anorexia nervosa is the second highest of all psychiatric disorders, second only to opioid use disorders. Eating disorders are also correlated with suicide and suicide risk. Some of the high mortality that's observed in the eating disorders is attributable to the high rates of suicide that we see, but can also be associated with, for example, in anorexia nervosa, individuals ultimately dying from malnutrition and its consequences.

[00:20:56]

Eating disorders are also very costly for the US health care system. They cost the government about \$65 billion per year. They lead to poor quality of life, disability, and impairment and actually, eating disorders rank as the 12th leading cause

of disability in young women in high-income nations. They have very high rates of psychiatric comorbidities. And so overall, you know, these have huge societal impacts, of course, individual impacts but also societal impacts. And so, we really believe that addressing eating disorders is an urgent public health matter. So in terms of what puts an individual at risk for an eating disorder, there's many factors. We talked about some of these already. We have dieting, which is a very important risk factor, and there can be this cycle of dieting that individuals get into that can be difficult to get out of. High weight and shape concerns - this is one of the most robust predictors of the onset of an eating disorder, these high weight and shape concerns or experiencing body dissatisfaction. Other important risk factors, in addition to biology and genetics, like we talked about, can include cultural and societal expectations.

[00:22:03]

There's so many messages out there in the media and now social media about what we should look like, what we shouldn't look like. Um, and all of this can really negatively influence folks. Um, there can also be family member and peer influences. Um, newer research has also suggested that food insecurity, um, in contrast to some of the myths out there, again, that individuals from perhaps lower socioeconomic status backgrounds don't experience eating disorders, actually individuals who are food insecure seem to have a greater risk for these concerns. Minority stress can also put someone at risk for an eating disorder, and it's important to note that being a woman often puts someone at higher risk, because we do see higher rates in women and also higher rates in gay men and transgender and gender diverse individuals. I know there were some questions as well about the relationship between eating disorders and overweight and obesity. And so just to very briefly highlight, those with overweight and obesity are at an elevated risk for eating disorders, and data from the World Health Organization found that about a third of respondents with lifetime BN and about another third or so of respondents with lifetime BED did have obesity. We do know, as just mentioned, that dieting is a common strategy used for weight management and is also a risk factor for eating disorders. So, for individuals living in larger bodies who engage in self-directed dieting or dieting on their own, you know, fad diets, extreme type diets, this really can set off the trajectory towards an eating disorder.

[00:23:45]

It's also important to note that certain types of treatments to address weight can be beneficial and don't inherently kind of cause eating disorders. Again, self-directed dieting and these extreme fat diets really do set somebody up, but there are approaches to weight maintenance and weight loss that can be much more beneficial and approaches that, you know, kind of emphasize the whole family. Not singling out a youth who, for example, is experiencing overweight or obesity, but really engaging the whole family in more positive lifestyle behaviors. Approaches that really emphasize positive self and body esteem, social support, and other community and environmental factors. These types of treatments are actually shown to reduce disordered eating and eating disorder risk. I think it is a nuanced topic and we could give a whole talk about that, but just a note on some of the overlap and how dieting is a risk factor, and how many approaches to weight loss can set somebody, you know, if they're being engaged in in this self-directed manner kind of at risk, but there are other more kind of adaptive ways to do it too, typically led by a trained professional.

[00:25:03]

Some notes about eating disorders and adolescence - these symptoms often do appear during adolescence. About 95% of eating disorder cases appear before the age of 25 and up to 22% of adolescents report disordered eating behaviors, so it's a really important time to intervene. There's lots of risk factors that start to appear during adolescence. These concerns about weight and shape as individuals' bodies are changing and going through puberty; social media exposure, you know, internalizing the thin ideal; starting to identify or questioning one's sexuality or gender; you know, this can all put people at risk. In terms of some of the common mental health comorbidities that we see in eating disorders, very high rates of um comorbidities, we see very high rates of anxiety disorders, mood disorders, disruptive impulse control disorders, OCD, ADHD, and you can see specific rates for each of the eating disorders here. But all that is to say, you know, certainly eating disorders are not siloed from other mental health concerns. We should certainly be attuned to when youth are presenting to our clinics or in other settings with mental health concerns, screening for and addressing eating disorders where needed. A note that in terms of comorbidities with ARFID, we do know that folks with ARFID are even more likely to have comorbid anxiety as compared to those with anorexia nervosa, but data is much more limited on comorbidities relative to those other eating disorders. And then also as previously touched on, eating disorders in transgender and gender diverse youth are an issue to also be protected particularly attuned to, given that up to 70% of transgender adolescents experience body dissatisfaction. These youth are more likely to be bullied for their weight or or size, and so this can be an important risk factor uh for these concerns.

[00:27:02]

So, moving on a bit to talking about how to recognize eating disorders. As a mental health professional and health professional, I would like to see ultimately that we move towards a model where we screen much more widely for eating disorders and might even argue that given the prevalence of these concerns, all adults and adolescents should be screened as part of new patient visits or annual physicals. But if we were to particularly single out some groups to be especially attuned to, we might think about adolescents and young adults - folks in key transition periods which can be a risk factor. For example, women in menopause - that can be a risk period for some folks. Patients with certain medical conditions. We see elevated rates of eating disorders in those with many types of GI disorders and we see complaints as well as those with diabetes. Athletes, especially competitive athletes, patients with a family history of eating disorders, patients seeking treatment for weight loss, which really highlights the need to screen in that population, and also patients with trauma history. But currently, there's lots of unfortunate problems in screening and identification. Many stereotypes that we've discussed really limit individuals asking about these concerns in all of their patients and might even limit individuals or parents you know feeling like, "Well, I or my child couldn't possibly be the type of individual to experience an eating disorder," when as discussed, anyone can experience these concerns. There's also, across the board, generally an underrecognition of binge type eating disorders - much less likely to get screened, diagnosed, etc. than those with the restrictive anorexia nervosa type disorders.

[00:28:53]

And unfortunately, providers miss eating disorders. In one study, over 90% of primary care doctors reported believing that they'd missed eating disorder diagnoses as unfortunately, these problems aren't often a focus of high medical focus in a lot of medical training programs. All of this leads to less than 20% of individuals ever receiving treatment specifically for their eating disorder, which is problematic as delays in treatment can really result in prolonged illness, poor prognosis, and greater likelihood of relapse. So, of course, that's what some of the work our lab is trying to address that we'll get into in a bit. In terms of specific other signs and symptoms to be aware of, there's many physical symptoms, and I won't go into each of these in detail for the sake of time, but you can see many physical symptoms, things like loss of periods, which is important, dizziness or fainting, poor sleep, feeling cold; lots of things to be attuned to. There's also social and emotional signs and symptoms to be aware of; folks that are starting to engage in a lot of negative self-talk, comparing themselves to others, needing reassurance about their eating habits or their body, folks who are experiencing disordered body image, mood swings, having difficulty expressing emotions, starting to engage in a lot of body checking behaviors, whether that be in the mirror or pinching or squeezing certain types of the body, or starting to withdraw from friends.

[00:30:26]

And in terms of behavioral signs and symptoms; changes in eating habits, starting to avoid eating with others, excusing themselves during or after a meal, eating in isolation, and many others that you can see on the list. Some other specific signs and symptoms that you might see with regard to, for example, preoccupation with food. You might find that individuals are doing a lot of cooking and baking but refusing to eat or obsessively watching cooking shows or counting calories, or other things like food rituals, cutting food into small pieces or pushing food around the plate, excessive use of condiments. Families may also notice food going missing or finding wrappers in irregular places. So again, just some ideas about specific things to be on the lookout for. A quick note about weight and eating disorder presentation - I hope by now I've started to emphasize that these can affect anybody or any weight, and so we can see a lot of different types of weight presentations in eating disorders. This can look like weight fluctuation. It can look like weight suppression, which is the difference between an individual's highest weight since reaching adulthood and their current weight, so there might be a high level of weight suppression. In adolescence, as I've discussed, we can see a lack of weight gain or height growth. It can occur in individuals again of any body size. But oftentimes, I show the little picture of the growth chart that those of you with children may have, you know, seen at your pediatrician visits. But we as eating disorder professionals use these a lot and look to see if individuals are maybe starting to fall off of their own growth curve for either their height or their weight, which can be an important sign to us that maybe something is going on with regard to their eating that's affecting their growth. So, it's kind of falling off their own growth curve.

[00:32:24]

You know, if this is a child that's, you know, always been at the 65th percentile, it might put my little alarm bells off if they suddenly now are, you know, down to the 50th or the 40th, and that might be a signal to start to ask about what's going on. In terms of some ideas for talking to loved ones, if you were concerned about your child, for example, that they may be experiencing some of these issues, very brief suggestions would be to be sure to set up a quiet time and place to talk.

This isn't something to do on the fly or if you're, you know, not prepared to have the conversation. And also I think maybe one of the most important things I can note is to be prepared for denial and anger. That would be completely expected in an individual with an eating disorder, especially a teenager with an eating disorder. And so that should almost be the expectation rather than you know something that would be thought of as unusual. And also don't expect insight or buy-in. But at the same time, stay focused on what you need to do in the conversation you need to have. If there's some leverage that you need to use, try to keep the lines of communication open. Seek to be involved in their treatment if you go down that path, and ultimately if you start to engage in treatment and work to get the child off on a path toward recovery, reminding them that there will be life after recovery. Many feel like they just can't imagine a life without their eating disorder. If you reach out to a provider, and you feel like they're not hearing your concerns or not understanding, seek a second opinion if you need to. Again, as mentioned, unfortunately, many general pediatricians or general mental health providers may not be very well trained in these concerns. And so, if you need to seek out another provider or an expert, be sure to do that.

[00:34:23]

If you are looking for more tips and much more detailed resources, I'd really encourage you to check out this parent toolkit from the National Eating Disorders Association, which is a really great guide. And just a reminder that families really are incredibly important allies in the treatment of eating disorders. If you were concerned about a peer or a friend that might have an eating disorder, work to be compassionate and non-judgmental. Encourage them to get some help. Gently suggest that they speak with a parent, counselor, or doctor. You know, try to offer some emotional support. And also, maybe most importantly here, be really mindful of your language. And this would go with speaking with a child, you know, maybe somebody who's your child as well. Avoid using phrases like, "you look fine" or, "you should eat more." These types of phrases really kind of come off oftentimes really negatively to individuals with eating disorders and instead, use more supportive neutral language like, "I'm here for you," or, "if you ever need to talk I'm ready to listen," but try to keep them included. Your friend may be withdrawn or avoid certain social situations like meals, so see if there's other ways that you can involve them that don't center around meal times if that's something that's difficult for them right now. And also, encourage body acceptance. Focus on well-being and try to avoid use of, you know, fat talk and language like that. That's often really the norm in our culture, unfortunately.

[00:35:55]

These are some other, you know, tips about language that I'll kind of gloss over for the sake of time. Use person first language, again, try not to focus so much on appearance, and use more strengths based kind of language as well. In terms of evidence-based treatments, I know there were some questions about what are evidence-based treatments and these are treatments for which the effectiveness has been supported through research of multiple studies. And that would typically then get them this designation of evidence-based. That evidence is typically generated from clinical trials where the outcomes of a group of participants that get a particular treatment are compared to that of a control group. But of course these evidence-based treatments when delivered by trained professionals are really integrated to fit somebody's particular characteristics and patient preferences. In terms of evidence-based treatments for eating disorders, there are some others that you know have emerging evidence but the most solid treatments that we have are for anorexia nervosa. We have family based treatment for adolescents and children which is really where we task parents with professional support and coaching with this task of refeeding, at least initially, and then as the eating disorder lifts, we work to gradually return control over eating back to the adolescents, and in bulimia nervosa and binge eating disorder, the main evidence-based treatments that we have are cognitive behavioral therapy or CBT, which centers around reframing negative thoughts, helping individuals to engage in more adaptive coping behaviors, addressing concerns about weight and shape, and then also interpersonal psychotherapy, which really addresses eating disorder behaviors as a means of coping with interpersonal issues and thus working through those interpersonal issues.

[00:37:46]

A note that eating disorders are often treated by a multi-disciplinary eating disorder treatment team that can include a psychotherapist and a psychiatrist, though there are pretty limited pharmacological agents for eating disorders at this point. So, those aren't really considered our frontline treatments. We often want a primary care provider involved to evaluate and manage medical complications and sometimes dietitians can be very helpful supports as well. In terms of medical management, this is really important because of course eating disorders are associated with physical complications, and there are many features that can be of medical concern. This is a really important aspect. And then just a note that eating disorders can also be treated at a variety of levels of care. You know, in the ideal scenario, we're catching these problems pretty early and are able to treat people in the outpatient context. But if these concerns are

more serious and the patient is not suitable for outpatient treatment, then there are other levels of care like partial hospitalization treatment, residential, and inpatient, and these are some of those guidelines that professionals may use to determine what type of care is needed. Unfortunately, currently, there are so many barriers to mental health care in this country. System level factors like the high cost of mental health services and policy and legal constraints. For example, what you know insurers will pay for and what they will not, we have attitudinal factors that get in the way like stigma, a lack of mental health literacy, and other factors like as we've discussed; a lack of identifying these problems and also the the model of treatment delivery, and the fact that historically, psychological treatment was delivered, you know, one to one by a highly trained professional, but of course, we'll never have enough professionals to meet the need in delivering care in this way and that's led to this very wide treatment gap in this country.

[00:39:50]

Some of the work that our group has been doing is really about thinking about how technology can improve and increase access to you know kind of all the steps in the process. You know, how we can use it to increase screening and identification prevention treatment and also better link individuals with care. One piece of work that I've been really excited about is we've been able to take our evidence-based eating disorders online screen and work with major nonprofit organizations like the National Eating Disorders Association and Mental Health America to make that screening widely available so that concerned individuals can access screening themselves. If you're interested in accessing the NEDA (National Eating Disorders Association) screening tool, you can check out the first QR code. NEDA also has a very good treatment finder database, that I would point you to as well. And another nonprofit group that I work closely with, ANAD, offers really excellent support groups. So, these are just, you know, a few ideas about resources from some of our nonprofit partners, as well as to point you in the direction if you need some of the helplines that currently exist in the eating disorder space, one run by folks at ANAD and another run by the National Alliance for Eating Disorders. So I would encourage you to get in touch with those people if you're needing some more one-on-one support for finding care, accessing resources, or just need somebody to talk to to take that first step.

[00:41:26]

In terms of a very brief intro to the work of my lab before we open it up for questions, we're the ACCESS lab at Washington University, which stands for Advancing Clinical Care for Eating Disorders with Scalable Solutions. So we really focus on solutions that can help widely address this problem and the fact is that, again, you know, 80% of people will never get help for these concerns. And so we really work to harness digital innovations to increase access to care and also preventive tools and screening. We've researched things like coached digital or mobile programs, including those that directly target individuals from underserved or high-risk communities. We've created and evaluated various digital programs to train providers. And more recently we've been also exploring the use of chatbots or conversational self-guided interventions and how they can be used to potentially address these concerns. Some examples of what we've done and what we've found: for example, we conducted a very large NIH funded randomized trial where we offered an online screening to identify those with eating disorders at 28 colleges across the US and we evaluated whether a coached um CBT-based mobile program was more effective than just referring those students that we identified to their college counseling center. And in fact, we did find that digital intervention improved long-term outcomes relative to the referral. And also, folks who were offered the digital were over 12 times more likely to access care. So, it really highlighted the importance of that access piece.

[00:43:09]

We've pilot tested a digital intervention for low income adults in need of eating disorders care who have very low access to high quality treatment and found really positive impacts. And we've also tested a preventive chatbot in adult women at risk for an eating disorder which really helped to kind of teach and help people use CBT strategies. And we did find that it reduced concerns about weight and shape and also reduced the onset of eating disorders. In terms of some of the current things that we're up to, we do a lot of work in my state, the state of Missouri, in collaboration with our department of mental health to bring some of the things that we've found to be effective in our research to you know folks in our state, which has been really exciting. And we're also actively engaged in research studies, a couple of which I'll highlight are in partnership with a company called VISA, a mental health chatbot app. We're excited to currently be engaging in a large study with adults screening positive for an eating disorder of the binge and or purge type to um try to test whether a chatbot like this that teaches people CBT strategies can be effective and really work to identify which of those CBT strategies are most important so that we can work toward building an optimized, really efficient intervention. So we're really excited about that.

[00:44:39]

We also have an ongoing study that we refer to as the EMBODY study that's funded by the Klingenstein third generation foundation that's evaluating an eating disorder prevention chatbot for adolescents at risk for an eating disorder. Participants are testing this intervention by engaging with this chatbot for a couple of months and then we follow them for a course of about six months with some surveys to see if this could be a helpful tool for individuals experiencing body image concerns. I'll say, we are actively recruiting for this study, so, if you're a teen or know a teen or have a way to disseminate this within your community, please feel free to share our screen with others, and we'd be really delighted for individuals with some body image concerns to take this and potentially participate in our study test if this kind of technology could be helpful. So, please feel free to share that widely in your networks. We've been really excited by some of the feedback that we've gotten. I mean, even at this early stage with our chatbot based interventions, you know, we've heard really positive feedback from participants. For example folks saying that, you know, coming into this, they knew some strategies for improving body image, but it's made them more self-aware and conscious of their patterns and how to improve. Another person saying, "I feel like I've been more aware of what I'm doing and I actually think about what we talked about." So that's the goal, and that was exciting to see, and then somebody else saying, "This experience has been a big help to my overall well-being. I've been learning new ways to love myself in a way that I never knew I could."

[00:46:20]

And we've also found really positive feedback on some of our coached mobile programs, where there's an element of human support in a digital program. For example, this is one of the teen users that we work with here in our Missouri Department of Mental Health funded work, saying that I found this program to be helpful for me because it helped me notice what I was doing that I didn't previously notice before. I'm now more conscious of my actions and I'm grateful for the knowledge that we have now. So, it is always helpful to see these kinds of quotes and see that these sorts of digital programs are doing what we hope and helping people to gain new insight and gain access to resources that they may not have otherwise had. Finally, I'll end on just a very few brief comments so I can hear your questions about creating an environment that supports um improving body image and relationships with food. You know, there's so many ways that, it's just sort of in our culture to talk about our bodies in a negative way, to talk about what we should eat and shouldn't eat. And I would really urge you all to be mindful of your language and to consider how you can create change and a positive influence. For example, being mindful of fat talk and the comments you make about your body, avoiding labeling food as good or bad and these very extreme dichotomies, discouraging the idea that a particular diet, weight or body size will lead to happiness, becoming a critical viewer of the media and social media, learning to challenge thin ideal thoughts and conversations, honoring your own hunger and cravings, and in general talking about your body in a more neutral way or about what it can do and the function that it serves.

[00:48:09]

For example, you know, focusing on instead of, you know, how your body looks, and maybe what you don't like, focusing on what your body allows you to do, like get out of bed today, go for a walk, whatever it may be. Thanks to my body, I'm able to have a conversation with somebody I love. You know, it allows me to move in ways that bring me joy and just to speak up and say something. If there's conversations that are happening in your circles that you know, you know, won't have a positive influence on these concerns. So with that, I'll pause. I know I'm a couple minutes over, but you know, please check out more of the work of our lab at accesslab.wustl.edu. You can also find me on Blue Sky, and my email address is included as well. So, thank you so very much.

[00:48:55]

Chih-Ching Chu: Thank you so much Dr. Fitz Simons for the wonderful presentation. Now we are open up for Q&A. So our first question is how do eating disorders impact family members, especially siblings and the siblings' role in the family?

[00:49:14]

Dr. Fitzsimmons-Craft: And I'm sorry, could you repeat that one more time? I got a bit distracted but I was looking at the Q&A as well, and I really apologize about those QR codes. So we'll send along to you links to the screening tool and treatment finder. I apologize that they weren't working.

[00:49:32]

Chih-Ching Hu: Yeah. The first question is how do eating disorders impact family members, especially siblings and the siblings' role in the family?

[00:49:50]

Dr. Fitzsimmons-Craft: Yeah. Oh it can be so hard on siblings. Again these are health crises and certainly this impacts the whole family. So I certainly have empathy for siblings who are experiencing this. And in terms of the role, you know, in family based treatment, you know, we certainly never ask the sibling, you know, the sibling's role isn't to get the affected child to eat or to try to serve in a parental role. We really try to encourage the sibling just to be a source of emotional support, you know, for their sibling. So, I would really focus on that, maybe getting some help for the sibling if they need it as well, just an outlet to talk about how hard this is and how to support their sibling, but I wouldn't put them in a role where they're, you know, being asked to manage the eating disorder in any way.

[00:50:33]

Chih-Ching Hu: Okay. So, the next question is what role should a school take in supporting students with an eating disorder? What lessons or activities do you suggest for school to educate students about eating disorders?

[00:50:47]

Dr. Fitzsimmons-Craft: Yeah, schools are really important. Gosh, kids spend so much time in schools and it present such an opportunity to, you know, sort of help in some way with these concerns. I would first urge schools to just evaluate any lessons that take place around, you know, eating food, and just consider if they might have any unintended consequences, for example, you know, are you doing an unhelpful nutritional label exercise that may not be very helpful or, you know, sort of maybe using stigmatizing language in any way. You know, I feel like these conversations are almost, they're part of the culture and so it's natural and it can come up, but encouraging educators in schools to take stock of their language, which I think can go a long way. But I also think that schools can play an important role in talking about some of these concerns, talking about body image and trying to help students develop, again more, sort of healthier body images and other sources of self-esteem. And you know, folks in schools like the excellent nurses and counselors, you know, trying to educate themselves on these issues; screen teens that may need it or even all teens in the school. I'd be happy to chat with anybody who's interested in doing that. Yeah, and just be kind of aware of those concerns.

[00:52:10]

Chih-Ching Hu: Okay. So, next question. What is the potential for the full recovery of an eating disorder and what is the most likely outcome?

[00:52:21]

Dr. Fitzsimmons-Craft: Yeah, I think there is certainly potential for full recovery if individuals can get access to treatment, and that is the most likely if these concerns can be caught and treated early with evidence-based treatment. So, I would really suggest not to dismiss these concerns, or think that they'll just sort of go away, or that an individual will grow out of them. If there's a concern that you have, the best course of action would really be to try to get professional help with a trained provider quickly. And in that case, you know, I think we have every reason to believe that that can be effective and that individuals can fully recover.

[00:53:08]

Chih-Ching Hu: Okay. next question. Do we know what is the mechanism for a person to show lack of interest or disgust at the sight of food?

[00:53:20]

Dr. Fitzsimmons-Craft: The mechanism, I mean, you know, I think, I guess we're starting to talk maybe a little bit about ARFID. I'm not sure, but you know, these disorders; again, I would say all have bio, psycho, and social underpinnings. I'm not sure if I'm totally answering the question but you know there's not one cause to these things. They're typically multifactorial. But the good news is that regardless of the cause, you know, we don't really need to know the exact cause to know how to treat it. The treatment remains the same at this stage. You know, again, a provider can help to address that, you know, in that particular example through things like food exposures and other strategies.

[00:54:05]

Chih-Ching Hu: Okay. Are there specific services for transgender youth?

[00:54:10]

Dr. Fitzsimmons-Craft: I do believe that my colleagues at ANAD, one of the nonprofits that I mentioned, that they may have um support groups specific to transgender youth. So, I'd probably, you know, maybe reach out to their helpline or check out their website, but they're certainly a group that I think of that I would connect with and I believe have some resources specific for that population.

[00:54:41]

Chih-Ching Hu: Okay, next question. I know there are two recommended approaches in treating eating disorders, body neutrality and body positivity. What makes the speaker lean towards body neutrality?

[00:55:00]

Dr. Fitzsimmons-Craft: Oh, that's a really good question. I think that in my opinion, we should work to foster both. Actually, I know we gave a lot of neutrality examples for sort of the sake of time. And oftentimes, I think we find that for somebody who really dislikes their body right now, sometimes that can be a bit easier. But I think it's also important to help individuals to figure out what parts of their body they can celebrate and learn to, you know, be more positive about, but sometimes that can come later in the treatment or recovery process. So, for me, you know, developing a healthier body image often includes, you know, both of those kind of things and a really personalized approach and figuring out for, folks, you know, again, how they can be neutral maybe about some parts of their body, you know, positive about others and and and use that to kind of combat some of the negative thoughts that they may be having.

[00:56:06]

Chih-Ching Hu: Okay. One question, can you please address the relationship between ARFID and the autism spectrum disorder or neurodevelopmental disorders?

[00:56:15]

Dr. Fitzsimmons-Craft: Yeah, a good question. There are definitely overlaps between autism and ARFID and we do see elevated rates of ARFID in those on the autism spectrum, so there is an important comorbidity in there. But, even in individuals on the autism spectrum, we've shown that some of our treatments for ARFID can work like family based um treatment. So, you know, we would encourage you certainly if that's something you're worried about to, you know, to speak to a provider and get help specifically for those eating concerns if they're really causing, you know, significant distress again, weight loss, nutritional deficiencies; that would be really important to to get addressed.

[00:57:03]

Chih-Ching Hu: Okay, so we are about time and let me ask the last question. Is your lab currently enlisting volunteers for study? Does your group currently take clients?

[00:57:14]

Dr. Fitzsimmons-Craft: We are currently recruiting for a study that I mentioned, you know, looking for teens with some body image concerns. So we can resend that link around. You can also check out our website and we have a tab for recruiting studies. That's really the main one at this point though, there'll be others coming down the line. We don't currently, unfortunately, have sort of just an active clinical service, but, you know, we continue to be sure to make available on our website any resources that we create that are available for the community. So please be sure to follow us there.

[00:58:05]

Chih-Ching Hu: All right. Thank you so much Dr. Fitzsimmons-Craft for sharing your knowledge with us today.

[00:58:10]

Dr. Fitzsimmons-Craft: Of course. Thank you so much for having me. It was really a pleasure and I really appreciate the opportunity. Thank you.

[00:58:16]

Chih-Ching Hu: Thank you. And there's one more question from the audience: Will these slides be shared? This webinar is being recorded and the recordings will be available on the Alan Hu Foundation website and Alan Hu Foundation YouTube channel in about two weeks. Please subscribe to Alan Hu Foundation YouTube channel. Thank you to everyone for joining our webinar today, and we hope to see you again in the next webinar. Please take a moment to fill a short survey. Your input is critical for us to improve our program. And I will leave the donation QR code for a few more minutes. And thank you for donating to support our programs. And with that, I'm closing the webinar. Thank you, Dr. Fitzsimmons-Craft.

[00:59:01]

Dr. Fitzsimmons-Craft: Thank you so much.

[00:59:04]

Chih-Ching Hu: And thank you everyone. Take care and stay well. Thank you. Bye. Bye. Bye.

[00:59:15]

Dr. Fitzsimmons-Craft: All right. Thank you. Thank you so much. Thank you. All right. I'll send a follow-up email; I apologize about the broken link. So, we'll be sure to send that along.

[00:59:30]

Chih-Ching Hu: Oh, I saw somebody put that in the working links to replace the QR code.

[00:59:40]

Dr. Fitzsimmons-Craft: Oh, good. My coordinator did that. There you go.

[00:59:44]

Chih-Ching Hu: Yeah, I think we already posted.

[00:59:52]

Dr. Fitzsimmons-Craft: Yeah, perfect. Well, thank you so much. I really appreciate the opportunity and yeah, have a great evening. Thank you again for all you do.

[1:00:02]

Chih-Ching Hu: Thank you. Thank you, doctor. All right. Bye. And bye. Bye.