

The background of the slide is a watercolor-style wash of blue and teal colors, with darker shades on the left and lighter, more translucent shades on the right. The texture is soft and painterly.

Eating Disorders in Adolescents

Najah Musacchio, MD

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Learning Objectives

- Describe the presentation and management of EDs in adolescents in a primary care setting
- Describe strategies for family psychoeducation regarding EDs

Eating Disorders

- Serious mental and physical illnesses
 - Second highest mortality rate of psych conditions
 - Elevated suicide rate
- Can affect anyone
- **Early identification and intervention is crucial**

Diagnostic Criteria

Anorexia Nervosa (AN): DSM5

- **Restricted intake → significantly low body weight**
- **Intense fear of weight gain**
- **|+**
 - Altered perception of weight
 - Excessive influence of weight on self-worth
 - Do not acknowledge the seriousness of low weight

Anorexia Nervosa

- Restricting and Binge-eating/purging types
- Amenorrhea not required
- **Atypical AN**: significant weight loss but normal BMI

Bulimia Nervosa: DSM5

- **Binge-eating** + loss of control 1x/week x 3 months
- Recurrent **compensatory behavior**
 - Vomiting
 - Fasting
 - Laxative
 - Exercise
 - Diuretics
 - Diet pills
- Self-evaluation unduly influenced by body

Binge Eating Disorder: DSM5

- **Binge eating** with loss of control 1x/week x 3 mos → **marked anguish**
- **3+**
 - Eats more quickly
 - Eats until uncomfortably full
 - Eats when not hungry
 - Eats alone due to embarrassment
 - Feelings of disgust, guilt, or depression
- **No compensatory** behaviors

Avoidant Restrictive Food Intake Disorder (ARFID)

- Food restriction or avoidance **without concerns about shape or weight** → I+
 - significant weight loss
 - poor growth
 - reliance on supplements
 - nutritional deficiencies
 - significant interference with psychosocial function

OSFED

- Other Specified Feeding or Eating Disorder
- Most common

- Atypical AN
- BN/BEN of limited duration/frequency
- Purging disorder
- Night eating syndrome

Evaluation

Consider Screening for ED

- Growth chart concerns
 - **Weight loss**
 - Slowed weight gain
 - Flat weight
 - Weight fluctuations
- Dieting behaviors
- Body dissatisfaction
- Change in eating behaviors
 - Vegetarian, vegan, “clean”
 - Eating alone
 - Food in room
 - Bathroom after meals
- Change in exercise

ED Screeners

- “Do you have any concerns about your weight or body?”
- “Have you ever been on a diet?”

- SCOFF
- ESP
 - *Are you satisfied with your eating patterns?*
 - *Do you ever eat in secret?*
 - *Does your weight affect the way you feel about yourself?*
 - *Have any family members had an ED?*
 - *Do you have/had an ED?*
- EDY-Q (ARFID)

Eating Attitudes Test (EAT-26)[©]

Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

Part A: Complete the following questions:

1) Birth Date	Month: <input type="text"/>	Day: <input type="text"/>	Year: <input type="text"/>	2) Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
3) Height	Feet : <input type="text"/>	Inches: <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
4) Current Weight (lbs.):	5) Highest Weight (excluding pregnancy):		<input type="text"/>			
6) Lowest Adult Weight:	7) Ideal Weight:		<input type="text"/>			

Part B: Check a response for each of the following statements:

	Always	Usually	Often	Some times	Rarely	Never
1. Am terrified about being overweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Avoid eating when I am hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Find myself preoccupied with food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have gone on eating binges where I feel that I may not be able to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cut my food into small pieces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Aware of the calorie content of foods that I eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Feel that others would prefer if I ate more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Vomit after I have eaten.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Feel extremely guilty after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Am preoccupied with a desire to be thinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Think about burning up calories when I exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other people think that I am too thin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Am preoccupied with the thought of having fat on my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Take longer than others to eat my meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Avoid foods with sugar in them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Eat diet foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Feel that food controls my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Display self-control around food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Feel that others pressure me to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Give too much time and thought to food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Feel uncomfortable after eating sweets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Engage in dieting behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Like my stomach to be empty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Have the impulse to vomit after meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Enjoy trying new rich foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Behavioral Questions:

In the past 6 months have you:

	Never	Once a month or less	2-3 times a month	Once a week	2-6 times a week	Once a day or more
A Gone on eating binges where you feel that you may not be able to stop? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Ever made yourself sick (vomited) to control your weight or shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D Exercised more than 60 minutes a day to lose or to control your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E Lost 20 pounds or more in the past 6 months	Yes <input type="checkbox"/>		No <input type="checkbox"/>			

* Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control

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ED History

- Body image
- Weight
 - Highest vs. current (or %)= “**weight suppression,**” correlating with symptom severity
 - Expected vs. current
 - Weight goals
- Diet
 - What? What not?
 - With Whom?
 - Calories
- Exercise
- Compensatory behaviors

ED History

- Menses
- H/o fractures
- Family history
- **Psych history**
 - Anxiety, depression, OCD
 - Substance use
 - NSSH
 - SI
- Trauma

ED History: Caveats

- History may be incomplete or false
- Shame, embarrassment
- Fear of stopping ED behaviors
- Fear of child being sick

ED History: Symptoms

- ▶ Faint
- ▶ Chest pain
- ▶ Palpitations
- ▶ Short of breath
- ▶ Hematemesis

- Fatigue
- Constipation
- Bloating
- Nausea
- Reflux
- Cold

WHEN Do I Worry?

Presenting Signs and Symptoms

The short answer to, “When do I worry?” is as soon as you suspect an eating disorder. Early diagnosis and treatment are vitally important. Individuals with eating disorders may present in a variety of ways. In addition to the cognitive and behavioral signs that characterize eating disorders, the following physical signs and symptoms can occur in patients as a consequence of restricting food or fluid intake, nutritional deficiencies, binge-eating, and compensatory behaviors, such as purging. However, it is important to remember that a life-threatening eating disorder may occur without obvious physical signs or symptoms.

GENERAL

- Marked weight loss, gain, fluctuations or unexplained change in growth curves or BMI percentiles in a child or adolescent who is still growing and developing
- Cold intolerance, including hypothermia (low body temperature), general chilliness, or cool hands and feet which may or may not manifest a blue or purple color
- Weakness
- Fatigue and reduced energy
- Presyncope (dizziness)
- Syncope (fainting)
- Greater focus on “healthy” or “clean” eating, rigid exercise patterns

- Increased spending of money on binge foods
- Using the bathroom after meals to purge
- Evidence of purging found in the bathroom by other members of the household

EAR/NOSE/THROAT and EYES

- Oral trauma, lacerations, petechiae on back of throat
- Perimylolysis (dental erosion on lingual and occlusal tooth surfaces) and dental caries (cavities)
- Parotid gland enlargement and pain
- Cheilosis (cracked, sore skin at the corners of the mouth)
- Dry eyes, blurred vision
- Difficulty swallowing dry foods or liquids

CARDIORESPIRATORY

- Chest pain
- Heart palpitations and cardiac arrhythmias
- Bradycardia (low heart rate at rest)
- Hypotension (low blood pressure)
- Dyspnea (shortness of breath)
- Edema (swelling)

GASTROINTESTINAL and GENITOURINARY

- Epigastric discomfort
- Abdominal bloating
- Early satiety (fullness) and nausea
- Gastroesophageal reflux (heartburn)
- Hematemesis (blood in vomit)
- Hemorrhoids and rectal prolapse
- Constipation

ENDOCRINE

- Shakiness, weakness, sweating, chest pressure, confusion, or nausea, which may signal hypoglycemia (a significant cause of death in eating disorders); hypoglycemia may also be asymptomatic
- Amenorrhea or oligomenorrhea (absent or irregular menses)
- Low sex drive (related to suppressed sex hormone production of estrogen/testosterone)
- Bone fractures, including stress fractures due to low bone mineral density/osteoporosis
- Infertility

NEUROPSYCHIATRIC

- Depressive/Anxious/Obsessive/Compulsive symptoms and/or behaviors
- Poor concentration or memory loss
- Insomnia

- Self-harm
- Suicidal thoughts, plans or attempts
- Reduced flexibility, creativity, spontaneity, with increasing rigidity around social engagements and mealtimes
- Seizures
- Substance use or abuse

DERMATOLOGIC

- Lanugo hair growth
- Hair loss
- Carotenoderma (yellowish discoloration of skin)
- Russell's sign (calluses or scars on the back of the hand associated with self-induced vomiting)
- Poor wound healing
- Dry, brittle hair and nails
- Fragile, dry skin that bruises or tears easily
- Sores or bruises over bony prominences

Physical Exam

- Weight in gown
 - Post-void with urine dip?
- Orthostatic HR/BP
- Temperature

PE: Signs of Malnutrition

- Baggy clothes
- Wasting
- Dry, yellowed skin
- Dry, thin hair
- Cold extremities
- Edema

PE: Signs of Purging

- Parotid gland enlargement
- Russell's sign



Labs

****Labs are often normal even with severe, life-threatening ED****

- All
 - CBC
 - CMP
 - HCG
 - EKG
- Consider
 - Amylase, Lipase
 - Mg, Phos
 - FSH, LH, prolactin
 - TSH, T4

Treatment

Indications for Hospitalization

- ▶ Severe malnutrition
 - **< 70% mBMI**
 - Adults: BMI <15 women, <16 men
 - Weight loss >20% in 1 year or >10% in 6 mos
 - Deceleration of BMI across 3 growth curve lines
 - Eating ≤25% of needs
- ▶ Physiologic instability
 - HR <50 in day
 - BP <90/45
 - Orthostatic ↑HR (>40) or ↓BP (>20)

Indications for Hospitalization

- ▶ Growth arrest
- ▶ Acute food refusal
- ▶ Uncontrollable bingeing and purging
- ▶ Medical complications (K<3.5, Phos<3, Mg<1.8)

Levels of Care

- Outpatient: 1-2 x/week
 - >85% EBW
- Intensive outpatient (IOP): 3-5x/week
- Partial hospitalization (PHP): every day
- Residential: live there
 - <85% EBW
- Inpatient: acute medical stabilization
 - <85% EBW

Family Psychoeducation

- **Relay serious concern**
 - *Patients and families may be reluctant to acknowledge symptoms and/or seriousness*
- Use MI to identify how ED is negatively affecting their life
- Seeking help = sign of strength
- Taking the first step to feeling better is scary
- Full recovery is possible

Family Psychoeducation

- Menses=a vital sign
- Mental health
- Complications
 - AN: heart failure, fractures, kidney failure, hair/skin, mortality rate 5-7%
 - BN: arrhythmia, heart failure, esophageal rupture, tooth staining/decay, ulcers, mortality rate 1%


Family Psychoeducation: Treatment Goals

- Immediate
 - **Weight/nutritional restoration**
 - Stop purging
- Chronic
 - Normalize menstruation
 - Improve BI
 - Socialized, intuitive eating

Family Resources

EVA MUSBY

Practical skills for family-based treatment, compassionate communication and emotional support for parents of children and teenagers



anorexia
and other
eating disorders

how to help your child
eat well and be well

"Gave me the courage and the tools"

2024
UPDATE

SECOND EDITION

HELP YOUR
TEENAGER
BEAT AN EATING
DISORDER

- LEARN WHY YOU NEED TO ACT NOW
- FIND OUT WHAT THE RESEARCH SAYS ABOUT WHICH TREATMENTS WORK
- TAKE CHARGE OF CHANGES IN EATING HABITS AND EXERCISE
- PUT UP A UNITED FAMILY FRONT TO PREVENT RELAPSE

JAMES LOCK, MD, PHD | DANIEL LE GRANGE, PHD

READ BY NORAH TOCCI

**When Your Teen Has
an Eating Disorder**

Practical Strategies to Help Your Teen
Recover from Anorexia, Bulimia,
and Binge Eating

A family-based treatment to help manage meals, handle bingeing, purging and exercising, and prevent relapse

Lauren Muhlheim, PsyD
with foreword by Laura Collins Lyster-Mensh

READ BY EMILY ELLET

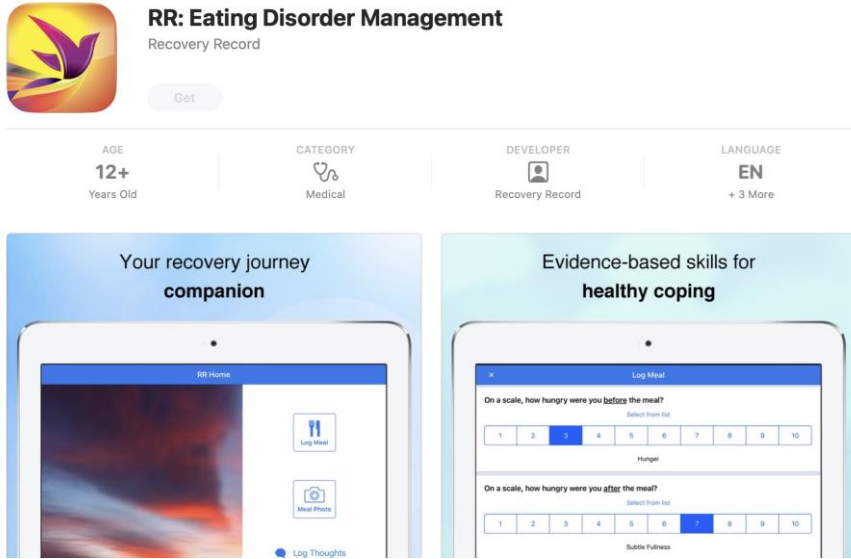
Family Resources

- <https://www.feast-ed.org>
 - Global educational and support site for parents of children with EDs
 - <https://nceedus.org/feast-caregiver-skills-toolkit/>
- <https://www.youtube.com/evamusby>
 - Videos designed to educate and support parents, includes practical tips and scripts

Online Support

- Project Heal's free 1 hour online clinical assessment w/ 10 page report, assistance in treatment placement, insurance navigation, monetary support, online meal support:
<https://www.theprojectheal.org>
- ANAD's free recovery mentorship: <https://anad.org/get-help/request-a-recovery-mentor/>
- ERC's free online support groups for patients and families
<https://www.eatingrecoverycenter.com/support-groups>
- MEDA's free online support groups, recovery community
<https://www.medainc.org/calendar/>
- NEDA's free online support groups
<https://www.allianceforeatingdisorders.com/groups/>

Self Help Resources



RR: Eating Disorder Management
Recovery Record

Get

AGE: 12+ Years Old

CATEGORY: Medical

DEVELOPER: Recovery Record

LANGUAGE: EN + 3 More

Your recovery journey companion

Evidence-based skills for healthy coping

RR Home

Log Meal

On a scale, how hungry were you before the meal?

Select from list

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Hunger

On a scale, how hungry were you after the meal?

Select from list

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

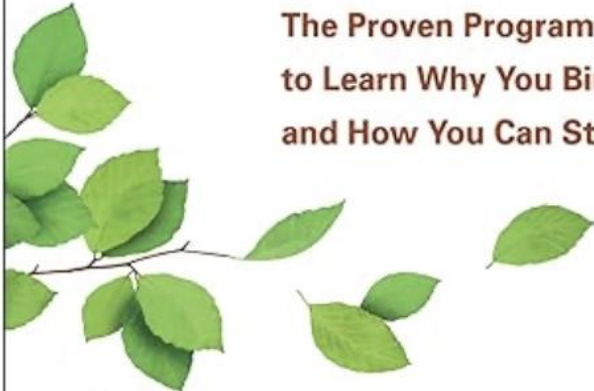
Sate Fullness

Log Thoughts

Over 250,000 in Print

Overcoming Binge Eating

SECOND EDITION
The Proven Program
to Learn Why You Binge
and How You Can Stop



Dr. Christopher G. Fairburn

Crave

Why You
Binge Eat
and How
To Stop



CYNTHIA M. BULIK, Ph.D.

Director, University of North Carolina
Eating Disorders Program
Copyrighted Material

Multidisciplinary Treatment Team

- Dietician w/ED expertise
 - Meal plans
 - Weight goals
- Therapist w/ED expertise
- Psychiatrist?
- PCP
- Dentist

Provider Finder

- NEDA <https://map.nationaleatingdisorders.org>
- National Alliance for Eating Disorders
<https://www.findedhelp.com>
- Medicaid
 - Academic center?
 - Equip.health?

Medical Treatment

- **FOOD**
- MVI, Vitamin D, Ca
- **No role for OCPs**
- No laxatives
- Exercise restrictions?

Weight Recovery

- Assess historical growth trajectory
 - Has height/age crossed percentiles?
- Where should they be in 6 months?
- Reassess Q3-6 mos
- Typically gain 1-2 lbs/week

- **Rate of weight gain reduces risk of relapse**

Psych Treatment

- AN: Family-based treatment (FBT)
 - ?SSRI if persistent anxiety, OCD, depression
- BN: Family-based treatment
 - ?fluoxetine
- BED: CBT or IPT
- ARFID: CBT?

FBT Principles

- Full parent control → independence
- Does not assign blame
- Evidence-based, cost effective
- Not appropriate or helpful for all families

FEAST: Using Leverage Family Guide



Recovery Comes First

Recovery supersedes everything--*including your loved one's current mood state and happiness!*

ALL recovery comes with some temporary discomfort in exchange for long term benefit.

3. UNDERSTANDING AND OVERCOMING ROADBLOCKS: COMMON BARRIERS TO USING LEVERAGE

Many caregivers find it challenging to use leverage. Recognizing these common emotional and logistical barriers is the first step to overcoming them.



Emotional Barriers

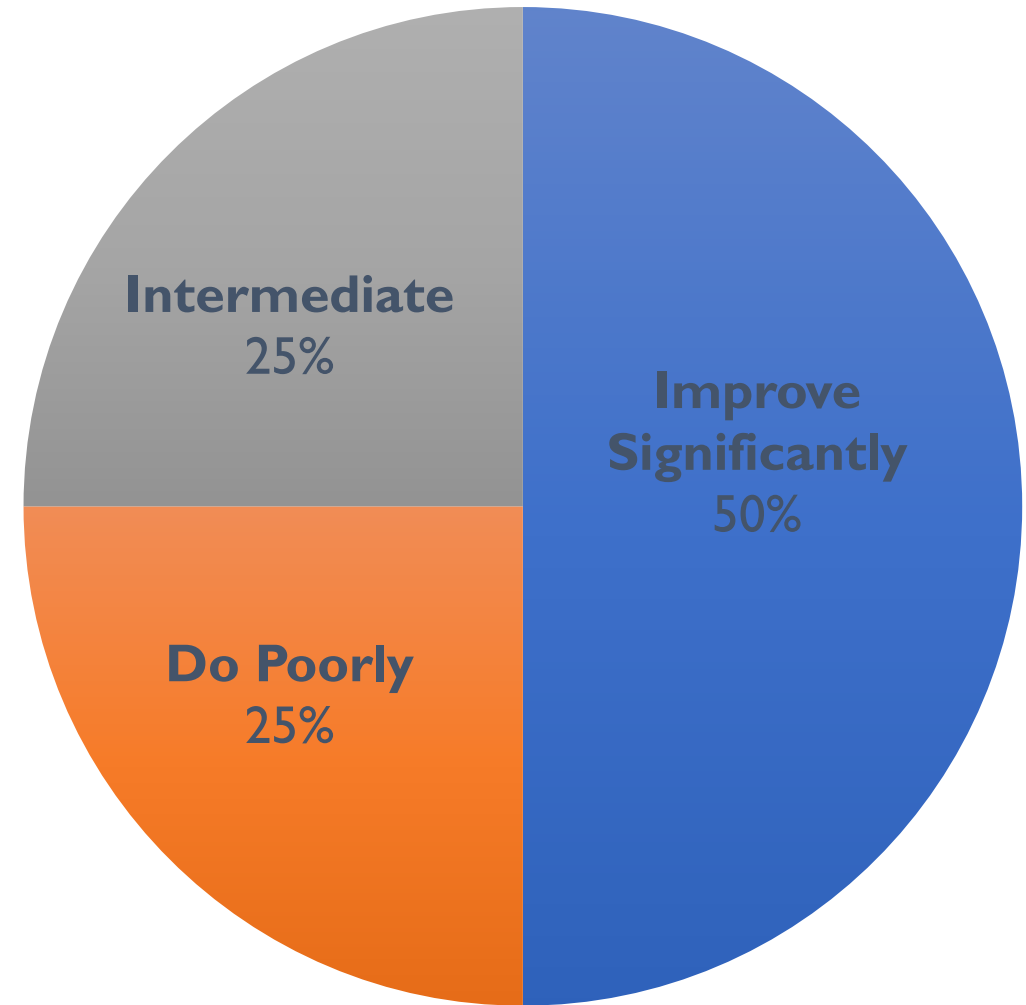
- Many caregivers are so heartbroken that their loved one has had to suffer so many losses due to the eating disorder that they don't want them to miss out on anything else. This pushes their empathy buttons.
- You don't want to punish your loved one for having an illness.
- You are afraid that you might alienate your loved ones and they could shut down or cut off communication because they will get angry if you start to use leverage.
- It's hard for parents or support people because you don't want to feel like you're torturing your loved one who's already in so much pain (adding salt to the wound)
- You are afraid that your loved one might rebel and that it could escalate the situation, potentially leading to other behaviors like increased anger, suicidal gestures, cutting, or even intensified eating disorder behaviors.

FBT Principles

- Meal support
 - 3 meals, 2-3 snacks
 - **No negotiations or explanations**
 - **Calm, compassionate, consistent**
 - Stop food manipulation
 - No bathroom x 30-45 mins
- No diet culture
- Monitoring
 - Online
 - Exercise
 - Body checking

PCP Follow Up

- Monitor: weight, behaviors, safety, complications, engagement w/team
- Frequency based on severity of illness
 - Frequent initially



Case #1

16 yo Jayne has lost 8 lbs since cutting out all dairy and wheat. Her mom proudly says Jayne wants to eat healthier and has always felt bad about her weight (BMI is 28). Her growth chart indicates fluctuating weights.

- Diets are harmful
- Listen to your body's signals about hunger and fullness
- Enjoy and savor meals
- Whole foods (\$\$)

Case #2

17 yo Anna had menarche at 12 but has not had her period in the last year. She was recently in inpatient/residential treatment for AN and is now treated as an outpatient. She is concerned that her period still has not come back, and what this means for her future fertility.

- Is she at her goal weight? For how long?
- Persistence of ED behaviors?
- Sexual activity?
- Period as a vital sign

Pearls

- Have a high index of suspicion for EDs
- Treat EDs early and aggressively
- Find a multidisciplinary ED team
- Food is medicine!



Resources for Clinicians

- AAP Clinical Report: Identification and Management of Eating Disorders 2021: <https://publications.aap.org/pediatrics/article/147/1/e2020040279/33504/Identification-and-Management-of-Eating-Disorders>
- Academy for Eating Disorders (AED): A Guide to Medical Care (“The Purple Book”), 2021 https://higherlogicdownload.s3.amazonaws.com/AEDWEB/27a3b69a-8aae-45b2-a04c-2a078d02145d/UploadedImages/Publications_Slider/2120_AED_Medical_Care_4th_Ed_FINAL.pdf
- American Psychiatric Association: Practice Guideline for the Treatment of Eating Disorders 2023: <https://psychiatryonline.org/doi/epdf/10.1176/appi.books.9780890424865>
- National Center of Excellence for Eating Disorders (NCEED) <https://nceedus.org>
- National Eating Disorders Association (NEDA) <https://www.nationaleatingdisorders.org>
- Eating Recovery Center- resources for families, patients and clinicians <https://www.eatingrecoverycenter.com/resources?audience=3766>
- National Alliance for Eating Disorders: <https://www.allianceforeatingdisorders.com>
- <https://www.luriechildrens.org/en/specialties-conditions/eating-disorder-program/> Great info for parents and clinicians

Questions?

- **Send me a consult!**
- Small group sessions
- Mentorship

