

There's no "I" in Team: How well-informed coaches and treatment providers impacted an athlete's recovery **from anorexia nervosa** – 110-140

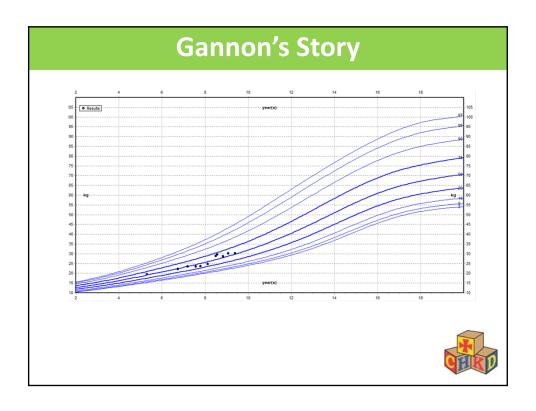
Alexandra Laramee, LCSW, Clinical Manager, Behavioral Health

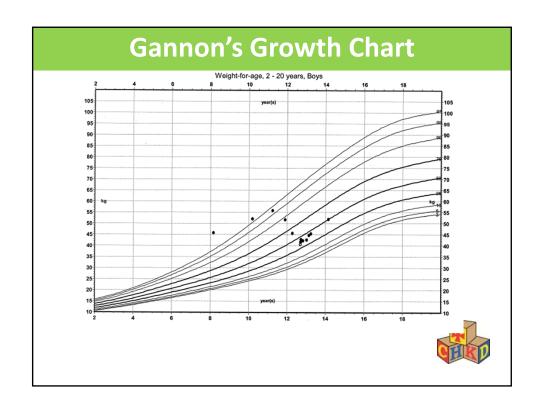
Gannon's Story

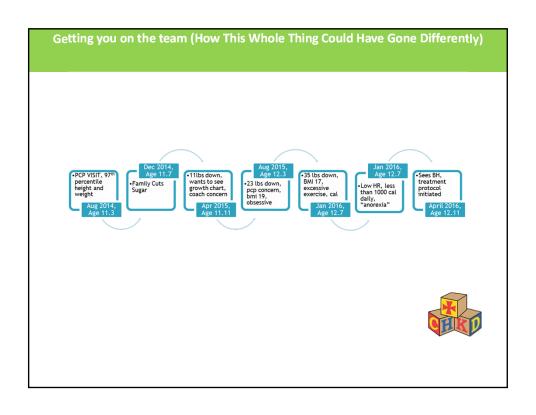


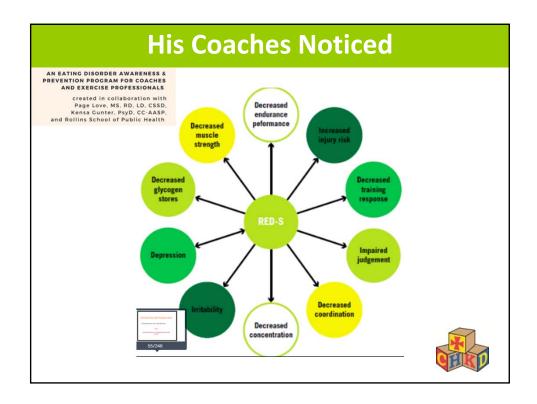












What Else Sport People Notice Before the Rest of US

- Small injuries that are slow to heal
- Performance declines
- Change to overall mood/attitude





Anorexia Nervosa (What it is)

Restricted Intake, Fear of Gaining, Altered Perception of Body

- Weight loss, low weight (BMI 17)
- Frequent weight/body checks
- Inflexible, obsessional, compulsory thoughts/thought processes
- Throwing away food
- Food rituals
- Vital sign abnormalities
- Irritability
- Manipulative
- Social withdrawal







Anorexia Nervosa (What its not or Myths)

- A purposeful and willful journey for a kid
- He can get better/stop behaviors if he wanted
- This isn't a mental illness/they're doing this for attention
- This all started because of social media influence
- Mom/Dad/Parent pressure or family dynamic made this happen



Gannon's Story (Demographics)

- Well-liked by peers Focused and diligent athlete (basketball, football, soccer, surfing)
- Straight A student

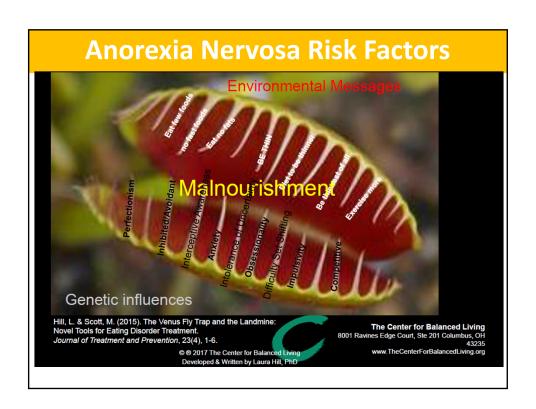


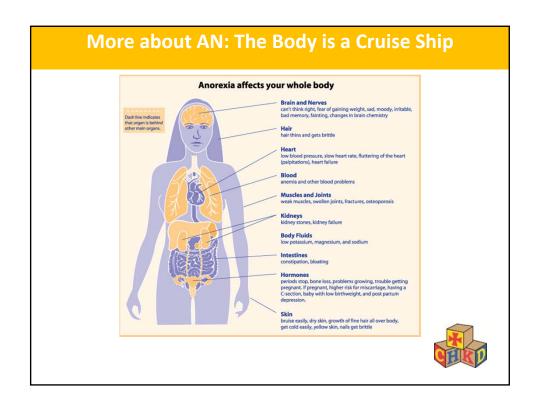
Received accolades for all of the above

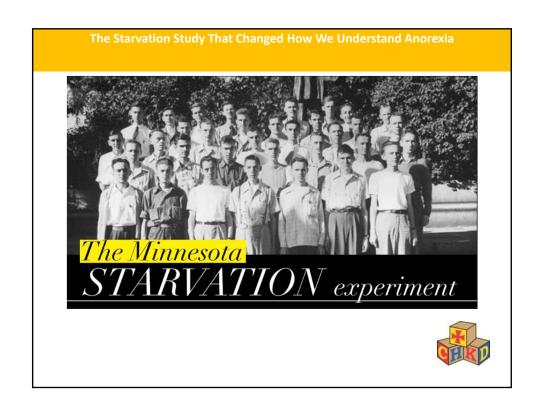
• Intact Supportive Family











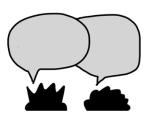
Back to how/why you're the right person

- Coach/Trainer/MD as respected authority or role model.
- Prevention: power of encouraging health and discouraging negative pressure and weight judgment by sport.
- Often the first to notice change (I'M TOO LATE).



How To Help

- Intervene (How??)
- Unconditional Positive Regard
- Be a (Treatment)Team Member









INTERVENE...BUT FIRST (Who, What, When, Where)

- Who: Talk to counselor in your department or at your school/office
- What: Acknowledge that you have a desired outcome and it may not be that.
- When: Is the best time to talk about sensitive matters with athletes/patients?
- Where: Will this happen?



Intervene Step 1: I statement

- Doesn't have to be weight focused
- If you're a coach or a trainer, it can be performance focused
- If you're an MD/treatment provider, it can be medically focused
 - Examples: "I'm worried because you seem to be tiring quicker than usual."
 - Examples: "I'm worried because your heart rate indicates that something might be off."

Intervene Step 2: Normalize

- Technique from sales, people are more likely to buy if they know those they consider "similar" also bought.
 - Example: "Some of the other kids I've coached often start to lose energy when something goes wrong with their diet."
 - Example: "Some of the other kids I see sometimes have these same symptoms when their eating habits change."

Intervene Step 3: Question

- Ask a question about your next action.
 Incorporate choice when you can.
 - Example: "Maybe we can have the school nurse give you a look over to make sure your healthy, would that be okay with you?"
 - Example: "Now that I have more information, I'm concerned about an eating disorder. We'll have to looks at labs before we know for sure. Should we tell your parents together or do you want me to tell them on my own?"

Intervene Step 4: Make Sure

 Since Eating Disorders are irrational and skew perceptions, make sure the child understood the purpose of the intervention.

> You Said: "I'm worried that lack of proper nutrition might be impeding your performance."



They Heard: "Coach says, I need to try harder."



Unconditional Positive Regard and Being a Team Member

- Aim frustration towards disorder, not kid.
- Know that eating disorders have one goal.
- Follow the plan of the team.









- A Power Point Guide for MDs (Thank you Dr. Charles Rogers, Portsmouth Naval Hospital)
- "Running on Empty" An Eating Disorder Awareness and Prevention Program for Coaches and Exercise Professionals. (Thank you to Rollins School of Public Health)

COACHES & EXERCISE PROFESSIONALS



RUNNING ON EMPTY ONLINE COURSE