Thanks for joining us on Not Boring CEs, where we don’t think you should be bored to death while getting your Continuing Ed. Keep listening here, then hop over to notboringces.com to get all your online CE credits. Alright, y’all, let’s get to learning.

Kate Dansie, MSW, LCSW-C, is a therapist in Rockville, Maryland, who specializes in working with children, adolescents, and adults with eating disorders, including ARFID, binge-eating disorder, bulimia, OSFED, and anorexia, as well as obsessive compulsive disorder, and self-injury. Kate can see clients virtually for therapy in Maryland, Virginia and Washington DC.

Kate has experience working in a variety of settings including outpatient therapy centers, an eating disorder treatment center, partial hospitalization programs, and an inpatient program. Kate has a certificate in Dialectical Behavior Therapy through Behavioral Tech. She completed training in Dialectical Behavior Therapy for Adolescents. Additionally, she has completed training in the treatment of anorexia, bulimia, and binge eating disorder. She is trained in Exposure and Response Prevention for The Treatment of Obsessive Compulsive Disorder through The Center for The Treatment and Study of Anxiety at The University of Pennsylvania. Additionally, she received training on Body Focused Repetitive Behaviors through The TLC Foundation for BFRB. She is an active member of various organizations including, The International Obsessive Compulsive Disorder Foundation, The Greater Washington Society for Clinical Social Work, and The National Association of Social Workers. Kate has been interviewed by PsychCentral and was a featured contributing expert to the book, Thrive: Expert Tips For Coping With Depression and An Eating Disorder. She wrote a guest essay as a featured expert for the book, 'The Inside Scoop On Eating Disorder Recovery: Advice From Two Therapists Who Have Been There.' In addition to therapy, Kate is a Maryland board approved supervisor and offers clinical supervision to therapists wanting more training in treating eating disorders and/or OCD.

Allison Puryear (she/her): Welcome to Not Boring
CEs. I'm your host, Allison Puryear. I'm here with Kate Dansie, and we are going to be talking about the intersection of eating disorder and diabetes.

Allison Puryear (she/her): and I'm excited to have this conversation as an eating disorder therapist. I remember a million years ago, when I was working in residential. We would often have folks with diabetes and an eating disorder in the in the clinic and there was very little I knew about that, and and I honestly didn't get a lot of great training around it because it wasn't. It wasn't seen as my job and now I think about how unprepared I was. Later, when I went into outpatient

Allison Puryear (she/her): to be able to know when to refer, know how often to talk to their doctor, know all those kinds of things so excited to dive into this cause. There's also this whole other world of like diabetes medication that's being used to fuel eating disorder. So

Allison Puryear (she/her): yeah, a lot to talk about. So thank you so much for having me. I'm excited to talk about all this.

Kate Dansie: Yeah. Well, can we? Can we first start because I think we'd be remiss to not address the myths about diabetes that I think it'd be good to clear that up before we get too deep into these. This conversation. Yeah, absolutely. I think that's a great place to start. So I also, if it's okay. I also wanted to talk a little bit about how I got so interested in this topic.

Kate Dansie: Great. So I'm a I'm a licensed clinical social worker and I'm in private practice, and I have a kind of a dual specialty. Where I treat eating disorders and obsessive compulsive disorder. And I like. I am very open about this, and I really like to share that. I'm also personally recovered from an eating disorder. And I

Kate Dansie: When I was pregnant with my daughter in 2012, I developed gestational diabetes, which is really quite common and very manageable.

Kate Dansie: And then slowly over time. I started to have more and more difficulties with with energy, and just like fatigue and a couple of different things. And I went to the doctor and actually got diagnosed with type 2 diabetes myself.

Allison Puryear (she/her): And as I started to research, you know what I needed to do. I really I really saw how much

Kate Dansie: how much kind of fat phobia and kind of diet culture has infiltrated the diabetes care kind of field. So that's that's one reason why I think this is super super important to talk about. But yeah, so going straight into talking a little bit more about myths, you know, one of the biggest myths is that only people on larger bodies get diabetes.

Allison Puryear (she/her): This is, you know, it's just really not true. Many people in smaller bodies develope diabetes. And many people in larger bodies don't develop diabetes. So that's so that's one really big myth that I think is out there absolutely.

Kate Dansie: Another myth is that

Kate Dansie: diabetes develops when you eat too much sugar, right? And so like a lot of people have this understanding. And I've actually even heard about like school systems or workplaces, having like a diabetes awareness week. And they're, you know, in their activity for diabetes. Awareness week is to like, take the sugar out of the, you know, to move the candy bowl away, or whatever. And so it just sort of speaks to like how limited

Kate Dansie: people's knowledge is about it. So you know. So what causes diabetes is if there's really a myriad of factors. But one of the biggest risk factors is a family history of diabetes. So like, naturally, there's a big genetic component. Another risk factor is having poly cystic, ovarian syndrome, which is another very, very common thing that people deal with

Kate Dansie: and then, also, having had gestational diabetes, is a big risk factor. So something like, I wanna say 40, I'd have to check my numbers on that but it's a very high percentage of people that have gestational diabetes that will go on to develop type 2 diabetes. So there's many, many risk factors. And you know, really, this idea, that that, like, you know, eating sugar is what causes it.

Allison Puryear (she/her): Diabetes. It's it's just not true, right? And I think about how that's perpetuated through things like jokes.

Allison Puryear (she/her): You know, like, Oh, go ahead. This box of doughnuts just diabetes waiting to happen like that kind of vibe that I like will see in comedy shows sometimes, or just like people cracking bad jokes like walking around that it's

Allison Puryear (she/her): I don't know how that got rooted

Allison Puryear (she/her): as the cause, but it's it really is in a lot of people like that combination of if you're fat, and you're eating sugar. Then you must have diabetes, or you're about to. Can we talk about the word fat real quick, because we may use it? And I think it'd be good for anybody who just like cringed when I said the F word in most eating sort of treatment spaces

Kate Dansie: there is work being done to de stigmatize the word fat. That it is.

Allison Puryear (she/her): you know, in the same category as taller, short, it is not less than it is not worse than and it is just a descriptor. So in case that jostled anybody listening or watching, I wanna say, I'm sorry to jostle you, and you may hear it some more. And

Allison Puryear (she/her): that's okay, like it might be some good desensitization for you, because it's

Allison Puryear (she/her): it's not bad to be fat.

Kate Dansie: So I love that. Yeah. And I actually I much prefer the word fat over the the O words. And I'm sure you know what I'm talking about. And I'm sure everybody else knows what I'm talking about. Yeah, yeah.

Allison Puryear (she/her): So okay, so we've got diabetes is not like a fat person problem. Diabetes is not caused by sugar diabetes is not caused by being fat

Allison Puryear (she/her): what other myths are out there, that

Kate Dansie: people walking around just don't realize is it so another big myth, I think, is that that if diabetes is well controlled, that means weight loss is going to occur right? So this idea that, like a smaller body, or like a a change in weight. You know, a decrease in weight is an indication of

Kate Dansie: of better control diabetes. That's actually not true at all. So many people, when they're when their blood glucose is is poorly controlled, actually lose weight because the body is literally not absorbing nutrients, right so and and sometimes when when diabetes like glucose control improves. Actually, we, you know, weight gain occurs

Kate Dansie: right and so. And and you know this happens. It's it's it's, you know, weight, gain, weight, loss and everything in between. Right? So that's another. I think big myth that, like, you know,

Kate Dansie: someone. Someone who has control blood. Glucose is going to be losing weight if that's actually just not true.

Allison Puryear (she/her): Yeah. And this might I wanted to check in on the converse of that. Is it also a myth that if you lose weight

Allison Puryear (she/her): it solves your diabetes.

Kate Dansie: So the the exact relationship there is is not clear. So, in other words, like, you know, losing weight can decrease.

Kate Dansie: I'm sorry losing weight can increase insulin sensitivity. And at the same time, like insulin resistance can make it harder for that to happen. So it's kind of a very the the exact relationship there is not clear. Okay, got it? Okay.

Allison Puryear (she/her): any other myths? You can think of that.

Allison Puryear (she/her): So those were the those were the big ones. That I wanted to to talk about but another myth. That I hear about a ton. Is this idea of good foods and bad foods? Yes, which we have in general in the world. But I think, especially when you've got a diagnosis that is so heavily infiltrated by diet culture. It's

Allison Puryear (she/her): it. It has a different.

Allison Puryear (she/her): Sorry for the pun, but like a different weight to it, right of like, if you're like.

Allison Puryear (she/her): if you don't have diabetes and there's a good food, bad food situation. It's already like you're already maybe grappling with it emotionally. But if you have diabetes and you're told this is a good food, bad food situation. You're grappling with it emotionally on a different level cause. It also means your health.

Allison Puryear (she/her): and it also means, like your like judgment of others, right for either case, but certainly with diabetes. Right? Absolutely. And you know, I think also, there's so so

much anxiety that occurs like anytime. You have a new health diagnosis right? And I do think there's a lot of kind of fear mongering out there that basically like lead people to have these thoughts like, if I eat this cake, you know, I'm gonna have my foot amputated, or, you know, like, I think there's a lot of sort of unhelpful

Kate Dansie: thinking that that can come from this kind of good food, bad food myth and and I completely agree with you like it. It. It feels very akin to disordered

Allison Puryear (she/her): eating. And just sort of thinking that way. Yeah. And I think maybe we maybe we can start with non diabetic good food, bad food as a discussion to introduce people to and then talk about how that is. This is similar and different with diabetes.

Allison Puryear (she/her): because I think probably most people listening. If you're not working with folks with eating disorders, or you're not trained and working with folks with eating disorders, you might think well, like.

Allison Puryear (she/her): yeah, junk food like we should not eat

Allison Puryear (she/her): a ton of junk. Food like kale is better than cake. Like. Have some kind of like. Obviously, this more nutrient, dense thing is better than this thing that doesn't offer my body

Allison Puryear (she/her): actual nutrition.

Allison Puryear (she/her): And yeah, that's part of what we have to

Kate Dansie: pull apart when we're working with folks with disordered eating or eating disorders, because

Allison Puryear (she/her): while it's true that something may be more nutrient dense that doesn't mean it's a good food, and if something does not really give your body everything that it

Allison Puryear (she/her): wants or needs, and just happens to taste really good. That doesn't make it bad.

Kate Dansie: It's like trying to call a person a good person or a bad person.

Kate Dansie: Right? Exactly, exactly. And II love talking about this cause. It gives me a chance to like. Remind myself of my DBT training, and you know one of the interventions I love, and DBT is what's called the kernel of truth and and you know the kernel of truth that the diet culture has kind of taken and run with is that you know some foods are more nutrient dense.

Kate Dansie: Some foods are less nutrient dense, right? But I think what they've done is they've kind of taken that and and run away with it, and made it kind of toxic right? And we need to eat a

lot of flexibility. Because there are real life limits like sometimes we have time to to prepare, you know, and or, you know, buy a nutrient, dense meal. And sometimes we don't

Kate Dansie: want to like. It's also okay to just like love a cheeseburger and somebody else would be like, fries taste good. Are they doing a whole lot for like vitamins and minerals in my body? Not so much, but like they're doing a whole lot for my taste buds and my my willingness and ability to feel pleasure

Kate Dansie: absolutely. And you know and you know, Carbs also give us energy, right? And that's a super, you know, that's a really super important thing. Yeah. So I think that like starting to learn how to observe food without judgment is a super good step, you know, for treating eating disorders and for coping with diabetes that you know. Okay, this food does this

Kate Dansie: for me, and this food does this for me. And I might want this, and I might not right. So like really getting away from this these kind of moral

Allison Puryear (she/her): judgments, good or bad, like these are moral judgments, right? Cause? How do you think about yourself? If you quote unquote, indulge in bad food.

Allison Puryear (she/her): All of a sudden, like you're bad, too, like there's a guilt

Allison Puryear (she/her): that gets associated with it that I see like I see amongst people with eating disorders. I see even more amongst people with eating disorders, disorder, eating and diabetes on top of it, because then it's like

Allison Puryear (she/her): you're already quote unquote, bad for eating the food that's bad.

Allison Puryear (she/her): And now you're also endangering your health, which makes you worse, like there's a lot that people take on. That is all based on like kind of bullshit morality that doesn't actually exist.

Kate Dansie: I completely agree.
I completely agree. And actually, so you know, if you Google like Type 2 diabetes treatment. You know. One of the first, like 10 things that comes up is an article about 20 foods to avoid. If you have type, 2 diabetes. Right? So like this is, really, it's it's it's ubiquitous everywhere. These kind of these ideas that like this is, okay. And this isn't

Allison Puryear (she/her): yeah. and it exists everywhere around us.

Kate Dansie: Like I said, it's ubiquitous. So it takes a lot more energy to try to counter it internally, especially if you're surrounded by people in that soup

Allison Puryear (she/her): who are not trying to pull themselves out of super, don't know to pull themselves out of the soup, and they're like, Oh, but should you be having cake? And they're maybe well, meaning they're not trying to say necessarily anything about

Kate Dansie: the way you look. But they also have heard that sugar is like what causes diabetes or is terrible for diabetes. And they're wanting to make sure you're okay.

Allison Puryear (she/her): So then it just like stirs into the cycle that can pull you back

Kate Dansie: a hundred

Allison Puryear (she/her): and I think the idea that food is fuel

Allison Puryear (she/her): is partly to blame this like wellness. Culture. Food is fuel, like food is fuel, sure like. And it's pleasure. And it's community. And it's it's it's can't just be one thing for us. It's all gonna have a balance life. I completely agree. And another reason sort of good food, bad food idea is so problematic is that there are so many things that impact how?

How a food

Kate Dansie: is sort of processed in the body of a person with diabetes, or just anyone with a body. Right? So just for example, like, if I eat 2 pieces of white toast white bread, you know, that's gonna have a certain impact on blood glucose. And if I eat 2 pieces of bread with butter that's gonna have a different impact. If I eat 2 pieces of bread with avocado or peanut butter that's gonna have a different impact still. And if I eat 2 pieces of bread and then I go for

for a walk like again, that's that's gonna have a different impact. So it's super super problematic to say, this foods, okay, this food isn't okay, right? Because pairing when you pair

Allison Puryear (she/her): when you pair carbs or sweets with protein, fat and fiber. The body is much more able to kind of digest and and handle the the glucose that's coming in. If that makes sense, absolutely. Yeah, yeah, which

Kate Dansie: it's, it's a nuance. We're in culture that doesn't love a lot of new wants. So it's like a nuanced perspective on

Allison Puryear (she/her): health.

Allison Puryear (she/her): instead of what I think, many of us, myself included, would really love just like a rule book of how to be healthy, and then I'd follow it like, just give it to me and I'll do it. I'm gonna be helpful with a long time and feel good but there is no such rule book, because all the experts disagree. And then you've got a lot of pseudo experts who come in and wanna put their opinions in there that aren't based in any research.

Allison Puryear (she/her): And then sometimes they're the loudest because they're the most charismatic. So it gets messy. It just gets messy and I think, as you're talking about knowing the impact of different foods and

Allison Puryear (she/her): like in combination with one another, and how your body processes that

Allison Puryear (she/her): I think when we're treating somebody with an eating disorder who doesn't have diabetes.

Allison Puryear (she/her): we work towards not logging everything in a food diary, not like towards not paying such close attention. But I'm guessing, especially for a new diabetes diagnosis there might need to be some attention spent.

Allison Puryear (she/her): and so they start to understand how to manage like how that dry toast which might have been a diet food for them at 1 point, maybe back in the low, fat days. That that dry toast might have been

Kate Dansie: okay in their diet culture, mind, before, but now it really needs some avocado or peanut butter. You know.

Allison Puryear (she/her): how do you manage that with clients in like

Kate Dansie: not obsessing over the food while they're learning how to do the food in a way that is healthy for them, for sure, for sure. Yeah, that's a really great question. And you know, one thing I really like to to talk with clients about is whether or not continuous glucose. Monitoring is the best choice for them. So so when you use a continuous blood, glucose monitor like a dexcom or the there's another one

called the Libre. You basically it. What it does is it connects to your phone. And you basically have an a 24 h day ability to like.

Kate Dansie: look. Okay, where's my glucose? Where's my glucose? Where's my glucose? Right? And this can be tremendously helpful because it it can help you start to learn about how?

Kate Dansie: How does high blood sugar feel for me and my body? What does it feel like? What does low blood sugar feel like for me? And what does it feel like when I'm just right in that sweet spot? Right? So so continuous like, I just wanna be clear that like there's a place for it, and it can be very, very valuable. And at the same time it can create a lot of obsession, a lot of obsessive thinking. And so so that's one. That's just one thing we talk about is like, okay, so can we can we plan to check it, you know.

Allison Puryear (she/her): 3 times a day or 4 times a day, but reduce, you know, the kind of constant like check, check, check, check, check, check. Where am I? Where am I, where am I?

Right? So that's one thing we talk about, and I think about how so many people with eating disorders have OC features, if not a CD. Right? And how that checking is such a part of their daily life in different ways, often. That

Allison Puryear (she/her): I mean, like I personally have to be careful with numbers. I have an aura ring, and it will tell me like how I slept last night, and what my resilience level is like and what my stress level was like. And I will sometimes go back and forth between my stress and my resilience levels like multiple times a day in a way that is like, what am I gonna do about it?

Allison Puryear (she/her): I'm making the same exact choices that would be making if I didn't see those numbers. But I'm like, I want my resilience up. I want my stress down and meanwhile driving my resilience down in my stress up right like it's counterproductive. And so I think, for those of us who, as people get really driven by numbers, it's it's easy to fall into this trap of

Allison Puryear (she/her): like checking and

Kate Dansie: striving and wanting to do better and trying to get it all just right, absolutely, absolutely. Yeah. And I think it's also really, really important to make sure you have a provider that's willing to like. Look at the numbers, but also look beyond the numbers. That's that's another really important piece. Do we have a team that you feel comfortable and safe with.

Allison Puryear (she/her): Yeah, which I'm I'm guessing is probably

Allison Puryear (she/her): hard to come by, I know, for my just getting clients without diabetes. It's hard to find

Allison Puryear (she/her): a doctor who isn't

Allison Puryear (she/her): a doctor who has nuance around weight and body size and acceptance.

Allison Puryear (she/her): I'm guessing when you add another layer of medical providers who are in the soup. With the rest of us. It can be really hard to find people who are not focused on

Allison Puryear (she/her): the numbers that don't matter in with all the numbers that do

Kate Dansie: absolutely, absolutely and you know I do. I do think that physicians are often trained in this kind of very weight centric model. And so it makes you said, we're all in this kind of soup together, and it, you know, it makes them. You know it could. It could make them hyper. Focus on numbers for sure. And you know, and I and I think you're exactly right that there's numbers that matter, and numbers

Allison Puryear (she/her): that don't right matter. And you know even the numbers that matter. I feel like we have to take with a grain of salt always.

Allison Puryear (she/her): Yeah. Yeah. So so just, for example, you know. So so one of the most common measures that's used for people with diabetes is what's called the A1C, and the A1C tells us an average of of blood glucose numbers over 3 months right? And that's a great measure. It can tell us a lot. But it also can't tell us everything.

Allison Puryear (she/her): Umhm is really important. Yeah. So how like, what does it, miss? And how can that be tracked to give a a broader picture?

Kate Dansie: Yeah, for sure. So great question. So you know. So one thing that really came to my mind when I was thinking about this about like, what does a A1C give us? And what does it not, you know. So just for example. You know there are there are these medications that have come out, the GLP-1s which I think show a ton of promise and and at the same time

Kate Dansie: they do have side effects. And you know, so so just thinking about this like a person's A1C could be like right where you want it to be like A, you know, a 5 and a half or 6. So for you know, for diabetics. We want A1C to be under 7 but if someone's having really bad side effects from one of those meds and their A1C is great. Well, that's a problem, right? We don't want to look only at the and

Kate Dansie: kind of get into the sort of tunnel vision place right?

Kate Dansie: That A1C also does not capture variability. So in other words, like someone can have a really good average blood glucose. But if they're swinging from like a 60 to you know, a 250 or 2 or 300 blood glucose. That's that's problematic. That's not great. So like, I think it is just really important to to look at numbers. And where can we utilize them? And where should we, you know, be less focused on them.

Allison Puryear (she/her): Yeah. And I'm curious, like, with a range like that, like when you have swinging glucose levels.

Allison Puryear (she/her): And that's not picked up by the A1C, because that's all about averages going back to like stats back in the day. So you've got your range. You've got your average

Allison Puryear (she/her): like, how does that get measured? Is that just self report? Because they see it on the glucometer is. And like.

Allison Puryear (she/her): is that something that's and able to be addressed at all if they don't self-report that.

Kate Dansie: Well, that's an excellent question. And I and I think that that's where you know, you really wanna make sure you have a a good team like a doctor that's asking good questions, a dietician that's asking good questions and is not like kind of just looking and saying, Okay, well,

your A1C is fine, like, we're done by like and I think also, just yeah, I think it is a lot of self report, helping people like tune in to

Kate Dansie: how they're really feeling and like, you know, and and helping them know that A1C is not everything for sure. And you know, variability also. So you know, usually when someone gets there, a like blood drawn for an they also do test just glucose, so glucose in that moment. And that can also be a helpful measure.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): I'm wondering about like the role of the therapist as a part of that team, particularly if the client doesn't feel very supported by the other people on the team and maybe isn't self reporting. I'm thinking about clients with eating disorders, huge variability in their blood sugar levels.

Allison Puryear (she/her): is that

Allison Puryear (she/her): something that, as the therapist because you have releases you, just let your client know, like I think it's important for your medical team to understand. You know, how this is going. Is there ever

Allison Puryear (she/her): push back with that? Since they don't feel like their team

Kate Dansie: gets it. Or yeah, definitely. So I think there is a lot of pushback, because I think that all of this.

Kate Dansie: you know, all kind of the culture around diabetes. Care really induces a lot of shame for people like big time, big time. And so I think it's super. I mean, it's way. Ideally, people have doctors and and professionals on their team that are, you know, that are discouraging, or, you know, are are really, you know, observing without judgment, and recognizing that, like

Kate Dansie: blood sugar can be all over the place for all kinds of reasons, and it's not their fault right?

Kate Dansie: So I think you know, helping them, like you know, create a team. That they feel pretty good in is is a really important thing. But also, if they if they don't have a team they feel really good with. You know, we have some options right like. So, for example, like, Can I call your doctor and and maybe try to help them understand how you're feeling, or you know. Can you and I write out

Kate Dansie: some notes on things you want to say right? Things like that, or you know another another good example is that you know. Pretty often when you go to the doctor, the first thing they do is weigh you and so helping people feel empowered to decline being weighed and different things they can say to do that.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): I'm curious, I'm thinking so. I have a nephew with diabetes. He's diagnosed as I think he was 11 months old. Type one. I'm so glad they caught it when they did. You know he's he's a teenager now. He's amazing.

Allison Puryear (she/her): And I think about the blood sugar variability he struggled with. I mean, really his whole life. I think it's it's fairly level now. But you know, kids with diabetes is all over the place. And yeah.

Allison Puryear (she/her): I'm curious about the response to if there's a difference in the response from providers

Allison Puryear (she/her): with clients or patients with Type
1 diabetes versus Type 2. Cause, I think culturally, there's a difference in how we treat and see people with Type 2 diabetes than with Type 1.

Kate Dansie: definitely. Yeah. So I've worked with many people with Type, 1 diabetes as well. And unfortunately, I really I think that there's still quite a bit of shame like I think you know. So I'm thinking about clients who

Kate Dansie: who I've worked with who've talked about like going in to see their endocrinologists, and you know, and kind of like looking at the looking at the numbers, looking at what they ate, and just being like, Okay, well, here's what you need to do differently. And you know, and it's not like, an it's not a direct kind of shaming that is occurring. It's a more indirect kind of like. Well, what do you need to do differently? So

Kate Dansie: so I think that a lot of shame can really come up. And I think, Type 1 is is just it's.

I think, the the impact of Type 1 is really substantial. And it's really really difficult.

Allison Puryear (she/her): yeah, I just think about how like if as a culture, we see people with usually Type 2 diabetes, as people like it was caused by being fat, or it was caused by eating too much sugar like, I can see this idea like you brought this on yourself. Kind of judgment that

Allison Puryear (she/her): cause. I've known a lot of people with both types of diabetes in my life, and I think about how some of the people with Type 1 when they say

Allison Puryear (she/her): cause I usually meet them as adults when they say like, Oh, I have Type 1 diabetes like there's a there's a distinction that they want to make clear and I don't know if that's about like the severity of the disease, or if that's about I didn't causes myself. Don't think that that kind of thing that there's

Allison Puryear (she/her): a protection or a protective. This that may be at play.

Kate Dansie: yeah, I hope there is, cause I don't. I don't want anyone. You know. Type 1 Type 2. I don't want anyone to shame or feeling like it was their fault. It's just not right, right. And I think that our our culture can treat people as if it's their fault in a way that, like as a therapist, if you've got some of your own biases

Allison Puryear (she/her): and a client mentioned like, maybe you're not an eating disorder therapist, you're, you know, helping them with anxiety or depression, or something, and they mentioned that they have diabetes. and they are

Allison Puryear (she/her): fat, or they just talked about the like ice cream they had last night, or whatever to

Allison Puryear (she/her): to note your own bias.

Allison Puryear (she/her): to realize that it's probably not rooted in peer-reviewed journal articles that you read.

Allison Puryear (she/her): that it's based on like what's out in the ether, and to make sure that you

Allison Puryear (she/her): work on that in order to be fully there for your client.

Kate Dansie: Definitely, definitely, II think that's a hugely important a

Allison Puryear (she/her): just really wanting to make sure. Yeah, therapists do like unpack their own bias. And you know, and make sure they're not bringing up. Oh, yeah, I just started this new diet, or, you know, stuff like that. Yeah, I would love. I think my job.

Allison Puryear (she/her): my my field of eating disorders would be so. It would benefit so greatly if every single therapist in the world would stop recommending different diets to their clients. Number of people that have recommended different diets to their client like it boggles my mind. I know it's well meaning like I trust them, that they were trying to be helpful.

Allison Puryear (she/her): but it's like extraordinarily not helpful. And outside your scope.

Allison Puryear (she/her): So gonna drop that here in the middle of the CE. Please never do that again. If you've done it before, it's okay, you know better now.

Kate Dansie: definitely. And I think there's other things therapists can do, you know. So just for example, you know, one thing I think, is really, really important is that we never, ever, ever comment on the clients, body like whether we think they've like lost weight, and they look great, or you know, they've gained weight. And you know, we wanna

Kate Dansie: try to find out what's going on with that. You know, we always want to be asking questions about how's your relationship with food? And and how are you doing? And you know, and really make sure we're not ever commenting on a client's body

Allison Puryear (she/her): right? And I've gotten to the point where I don't even comment on like hair, or you know anything like I'll say, if somebody comes in and it is the truth, I'll be like, you are vibrant today. What's going on? I wanna hear all about it, you know. But otherwise.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): I tried to just not make any comments about appearance, because it can be interpreted in ways we absolutely don't mean it, you know, like, I know, like a lot of I had some clients who got really triggered when a provider told them they looked healthy

Allison Puryear (she/her): after they'd been through a refitting process. Which is where you have to gain a bunch of weight because you were at an unhealthy low weight. And to be told healthy was the same exact thing to them as being told they looked fat.

Kate Dansie: Yes, so. Yup, I think you have to really empathize and really think about how how a person with any kind of body image issues which is so so many of us. You know. How they're gonna hear what you're saying. And that's also not to say that. There, you know, therapists out there are great and mean, really well, for sure. Right? And I think it's really important to think about how those words can impact our clients.

Allison Puryear (she/her): Yeah. And I generally recommend, if a if a therapist who is not trained, an experience in eating disorders gets a client who discloses an eating disorder or something you think might be an eating disorder

Allison Puryear (she/her): unless you're very interested in learning

Kate Dansie: and doing a bunch of training and getting weekly supervision. I would highly recommend referring that person out for eating disorder like to an eating disorder specialist, and

Allison Puryear (she/her): I would say, if you suspect they have an eating disorder, and they have diabetes

Allison Puryear (she/her): like it's even more important because there's also some potential health risks depending on what their eating disorder is looking like eating disorders are already the second most lethal mental health diagnosis. You add diabetes to it

Allison Puryear (she/her): and potentially uncontrolled blood sugar.

Allison Puryear (she/her): And you know a client doing the best they can, but they're either bingeing or restricting or purging like it. Just it fucks up your system enough that when you have the kinds of needs that somebody with diabetes is for more stability across blood. Sugar can be really scary.

Kate Dansie: definitely definitely and actually, I was just reading about this about how weight cycling can make

Allison Puryear (she/her): blood glucose really difficult to manage, or the or the impact of weight cycling on blood glucose is substantial

Allison Puryear (she/her): yo-yo dieting is like, you're on a diet. You're off a diet. You're on a day you're off a day. You're you're yeah. Your relationship to food is consistently unhealthy, probably. But the way that you are going about trying to lose weight differs.

Kate Dansie: or

Kate Dansie: or you can keep doing the same diet. And then, because your body doesn't want to be that way, it goes back. It resets to where it wants and needs to be to be healthy.

Kate Dansie: yeah. And I'm glad I'm glad you're mentioning, you know. Set point, I think that's a super super important concept for really, for everyone to know about this idea that your your body will do whatever it can to kind of bring itself back to that that place where it's comfortable. Whether that means, you know, changing your metabolism a little bit, or you know, whatever it needs to do to kind of make sure it stays where it wants to.

Allison Puryear (she/her): Yeah, yeah, there's a range there for each of us, and it takes

Allison Puryear (she/her): some pretty extraordinary effort to get beyond that range either way. And

Kate Dansie: if you can make peace with your set Point range, then your life will be much easier. That's a lot easier said than done. Yes, for sure, for sure. Yeah.

Allison Puryear (she/her): But no, I just I appreciate so much. You you referring to kind of the nuances of everything is I really feel like that's that's just such an important thing to keep in mind is that this is all very nuanced stuff? Yeah, it really is. And it's

Allison Puryear (she/her): is. There are some

Allison Puryear (she/her): tenants like like set point that are gonna be true across clients.

Kate Dansie: But there are also going to be some things that are really different from client to clients that need to be aware of when we need to

Allison Puryear (she/her): continue to check in with

Allison Puryear (she/her): yeah, yeah.

Kate Dansie: yeah, all really important stuff

Allison Puryear (she/her): we've talked some about like blood sugar control and whenever I hear or say the word control. There's the eating disorder therapist in me that, kind of blanches like I'm like, oh, control. No, no, no, we gotta stop striving for control. But there's

Allison Puryear (she/her): it is important to have some balance

Allison Puryear (she/her): or some control. We can say control over sugar because it's a health thing.

Allison Puryear (she/her): and there's some problematic advice out there about how to find that control. And it can really align with disordered eating. Definitely. Can we talk about that? Some?

Kate Dansie: Absolutely. Yeah. And I was something that popped into my mind immediately was, I do love this idea of

Kate Dansie: when when I talk to clients about their relationships with food. I really love for them to to try to think of themselves as in charge, but not in control. And that's something I heard about. I believe her name is Judith Metz.

Kate Dansie: She talked about this and in a training I took, and I just love that idea of like taking away this idea of control and and changing it to in charge. I think that's just a really really helpful reframe right there. But yeah, so I mean, I think that.

Kate Dansie: you know, I think that diet culture talks a lot about, you know, perfectionism. And you know, really like over control, right? Which is which super problematic. And what happens for a person with diabetes when they tried to kind of over control? Is that they? They can, I think, you know, get into this really obsessive place where they're, you know, checking numbers over

and over and over, or being very rigid and and sort of inflexible about like what foods are. Okay and what foods aren't okay. And and I think, really, what that can do is and put us into what's called last meal syndrome, which means, you know, okay, I can have this right now, but I can't ever have it again. So I'm gonna have

Kate Dansie: all of it right. I'm not allowed to have ice cream or cake. I'm gonna kind of go on a you know I might start bingeing because I feel like this. Food is not available to me right? And I think that the screw it mentality can also lead us to be like, yeah, I'm not gonna show up to my

doctor appointment. And you know, I'm not gonna monitor my glucose anymore. And I'm not gonna try to move my body in a way that feels good.

And so I think that the I think that perfectionism can get super

Kate Dansie: I think the impact of that can be really, really significant.

Allison Puryear (she/her): Yeah. it's interesting, because I think about, like, you know.

Allison Puryear (she/her): that the con, the example of that, and school or something would be procrastination, or or giving up, or whatever, despite the fact that it's that's all coming from perfect perfectionism.

Allison Puryear (she/her): And it's scary.

Allison Puryear (she/her): It's it's a lot scarier when it's your health to just give up but I also can understand, especially if you're new to trying to regulate or or take control of your blood sugar

Allison Puryear (she/her): or you're in charge of your blood. Sugar, I mean, is that known? If you're if you're new to it, and it's variable, and you're trying to figure it out like none of us like to keep doing something we suck at.

Kate Dansie: And if you feel like I am not good at this like

Allison Puryear (she/her): whatever it's going to be, what it's going to be. After a period of time of it, not going the way that you'd hoped.

Kate Dansie: There's some real repercussions for your future with that versus coming from this place of like self acceptance and

Allison Puryear (she/her): kindness to yourself of like, yeah, I've never, ever had to do this before.

Allison Puryear (she/her): It makes sense that like it's all over the place. I haven't

Allison Puryear (she/her): figured it out. I've never flown a plane before, and I wouldn't expect myself to be able to do it in a week, you know, like, and with the constant variables of

Allison Puryear (she/her): each food and what it's combined with. It's gonna

Allison Puryear (she/her): be metabolized differently in your body. Like. It's not like

Kate Dansie: you could just get an ongoing hold of it perfectly all the time. This is not possible. I completely agree and something that I really was excited, when I learned about this is that

there's actually no statistically significant differences in health outcomes for people who maintain blood, glucose kind of control in range

Kate Dansie: 70 to 80% of the time and above 80%. So basically, everybody over 70% has pretty much the same health outcomes for people with Type, 2 diabetes. And so so this idea that we're supposed to try to stay in range all the time.

Kate Dansie: It's not true. That's not that you can have a C plus. It's great, exactly, exactly, exactly. And you know, and I think I think people come in. It's it's sort of like I wanna get an A in therapy. I wanna get an A in therapy, and they're always so disappointed. I'm like you can't get an A in therapy doesn't work that way. You don't really want us to do. We don't really want people getting an A in blood glucose, glucose control, either.

Allison Puryear (she/her): Right? Because that means you're spending so much time and energy

Allison Puryear (she/her): wasted time and energy like obsessiveness, ultimately like that.

Kate Dansie: Exactly

Allison Puryear (she/her): to get in like the ninetieth percentile or above, there's probably a lot of control going on absolutely and control with food.

Allison Puryear (she/her): This to that level never goes well, being absolutely. And it's I think it's also really really important to note that, like many, many things can affect blood glucose. So you know. So just, for example, poor sleep can have a huge impact on blood glucose. Just being sick with a cold, or with covid, or with pneumonia. Huge impact right and so can stress

Kate Dansie: so like many things affect like where blood sugar is right and thinking about like trying to achieve perfection with your blood. Sugar is going to cause you stress because it takes an exorbitant amount of work to get in that 90 plus.

Allison Puryear (she/her): And and

Allison Puryear (she/her): I also wonder clinically like, what are they missing out on in their life if they're up there?

Kate Dansie: Absolutely. Absolutely. Yeah, like, I mean nobody. I don't. I will. At least I know I don't ever wanna not have birthday cake.

Allison Puryear (she/her): I don't want anyone else to not have birthday cake, either, right? And I think about like like people in their early twenties, right? Like, I want them to go out with their friends like maybe don't chug on beers. But like go out like maybe risk getting a little bit less sleep. Maybe maybe have. I'll be there and

Allison Puryear (she/her): do what if you can to accommodate. That would be some notes on the side. I don't know but

Allison Puryear (she/her): to have some like to be your age, to have some fun, something I think about from my nephew, who? When he goes off to college in a few years like I want him to have the full experience, and I think his parents have done a really beautiful job of not expecting perfection. And so he's he's had that model for him. His whole life, like good enough, is good enough.

Kate Dansie: That's so great. The other thing that's really really cool is that diabetes technology has also advanced just exponentially. So you know. So the you know, the medications, we have, the tools we have to treat it. Or just, it's just really really cool to see how many advanced that way.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): I'm thinking about like, just the the tool, like the like, blood sugar testing. I'm thinking about do people with Type 2

Allison Puryear (she/her): get insulin sometimes.

Kate Dansie: Yeah, sometimes, if it's it depends on the severity.

Allison Puryear (she/her): Umhm. And so yeah, just thinking about

Allison Puryear (she/her): old school insulin back from when when I was a kid, and I had a friend who had to like get out a syringe and like inject herself with insulin, whereas, like my nephew, it just like goes right into his body when it senses it needs it. He's got that blanking on the name. But like basically that little port that they move around his body so

Allison Puryear (she/her): it doesn't, so that there is some automation to it, almost right like it doesn't have to be.

Allison Puryear (she/her): It doesn't have to be all on you all the time. You can be responsible. You can be in charge of it, but it doesn't have to be a part time job. Exactly. You're okay, exactly. And I and I think one of the reasons I mentioned that is that it is a lifelong thing, you know. And and I think that makes it even that much more important to to cope with it in a way that is flexible and sustainable and not over controlled.

Allison Puryear (she/her): Yes. yeah, that's a really good point that

Kate Dansie: I guess I can. I can also imagine, like our typical eating disorder client gets diagnosed, and then they want to do it perfectly, and they try to do it also, perfectly at first. And

it's not sustainable. It also doesn't really work and it certainly doesn't work without incredible rigidity.

Allison Puryear (she/her): And it I mean, I can see it also, being a good lesson, like I'm imagining

Allison Puryear (she/her): what many of my more rigid clients would do is like, Okay, well, in order to manage this, I'm gonna eat the same exact foods every single day.

Kate Dansie: I'm gonna like they're gonna be like the right foods with quotation marks. They're gonna be you know, doctor approved. And I'm just gonna eat like that for the rest of my life. But then they get less sleep one night because they're ruminating about something or they've got an exam or a big presentation at work, and their stress levels go up or they fall down and break their ankle, or they get a cold. And it's like you can't. It's a great

Allison Puryear (she/her): example of like, even if you're doing everything, quote unquote, right? You cannot control.

Allison Puryear (she/her): That's right. That's right. That's right. And I and I, you know what I really notice. You know, thinking about this and talking about this is, you know how much what I want my eating disorder clients to know is really aligned with what I think people with diabetes should know is that we're looking for flexibility. We're looking for sustainability, and we are looking for good health outcomes, you know, and we're recognizing that like, there are factors not in our control.

Allison Puryear (she/her): And I think, like the population of folks with eating disorders really did control like it sounds great. I would love to have ultimate control. Let's be real. It would be wonderful. But I had. You know.

Kate Dansie: I learned to the hard lessons that, like the harder I try the worse it gets so like there's just no, there is no absolute control. That's gonna be.

Allison Puryear (she/her): It's going to be period.

Kate Dansie: I think that you know that also brings up more kind of DBT, and kind of ideas that are centered around. You know Buddhism, like letting go of control can be this ultimately very freeing thing. I can feel really good. Say, I'm gonna do the best I can, and like I'm gonna let go of the rest

Allison Puryear (she/her): absolutely. And

Kate Dansie: I think about, like our clients with different backgrounds, and how important that control can feel to them how much like

Allison Puryear (she/her): empathy we need to bring to those conversations when.

Allison Puryear (she/her): like we all all of us who have been through this work. Know, it's easier said than done, and relinquishing the semblance of control.

Allison Puryear (she/her): Feels like there's a grief process. There's a feeling of like

Allison Puryear (she/her): there's this like everything is gonna fall apart. If I don't have everything in a stranglehold.

Allison Puryear (she/her): There's a lot of fear

Kate Dansie: and then shame when things don't go according to plan.

Allison Puryear (she/her): like as you're letting go of control

Allison Puryear (she/her): because it would be easier for for us as therapists and for our clients is if, as they let go of control, everything got better. But that's not real life, and that's not what happens. Some things get better. Some things get worse.

Allison Puryear (she/her): And it's

Allison Puryear (she/her): hard for them to maintain those changes.

Allison Puryear (she/her): whether it's managing their diabetes a little looser, holding it looser or not restricting or not bingeing and trying the other things that have been working to prevent that.

Allison Puryear (she/her): we're just not like bossing around their partners, you know, like whatever that, whatever it looks like to try to have control.

Kate Dansie: it's messy work, and

Kate Dansie: there's so much beauty and freedom in getting to the other side. But it's hard to get there. Great agreed for sure. And it's it's pain, you know. I think really painful, for sure to kind of to to kind of be in that process of getting to the other side, I think can be very, very, yeah, very hard. Just like you said.

Allison Puryear (she/her): I think about how, if the therapist hasn't done that work. it's even harder because you're gonna try to control or force the positive outcome so that the client gets what they ultimately want and need

Allison Puryear (she/her): hard to watch somebody that you've grown to care about, suffer

Allison Puryear (she/her): and especially suffer because of support that

Allison Puryear (she/her): or not the support, but because of the changes they've made with your support

Kate Dansie: kind of stop avoiding.

Allison Puryear (she/her): Yeah. yeah.

Allison Puryear (she/her): And I think about like with your niche of OCD. And eating disorders like there's even less tolerance for the gray amongst your clients.

Allison Puryear (she/her): And you add diabetes onto that. And it's like they've they were.

Kate Dansie: They just got given a lot of gray that they can't get out of right exactly. Exactly. And you know, and I think it's really it's a beautiful place, I think, to use, you know, DBT interventions, and to to really look at like the dialectics and sort of the this idea that there's really there's room for all of it like there's room to say this feels really hard, and I can do hard things

Kate Dansie: right. And you know there's there's room to say this is not my fault, and it is my responsibility. And I think that's like actually a pro. That's actually a perfect example of like a way I might use DBT in counseling someone with an eating disorder with diabetes, or both, like not your fault. But you, you know we you still have to take the responsibility to to intervene and take care of yourself.

Allison Puryear (she/her): Yeah, absolutely.

Allison Puryear (she/her): Yeah. I'm wondering about like other DBT interventions.

Allison Puryear (she/her): That are helpful, particularly for folks with eating disorders and diabetes like, how do you use DBT to really support them?

Kate Dansie: Yeah, that's a great question. One of my, probably my all time favorite DBT skill, and I love them all, but all time favorite DBT Skill is wise, mind and wise mind is really, it's all about the grade. It's about

Kate Dansie: looking at. Okay, what are my emotions saying, and what what are the facts saying here and then trying to kind of find you know the intersection or the the place that they kind of overlap and and ask yourself, like, what's the big picture here, like, you know, I don't wanna go to my appointment with my endocrinologists. But big picture showing up to this appointments probably a really good thing for me to do for my health.

Allison Puryear (she/her): that's one of my favorite it's kind of one of my favorite interventions.

Allison Puryear (she/her): Yeah, and I love it because it's

Kate Dansie: I love wise mind, too, because it doesn't

Allison Puryear (she/her): like denigrate the urge

Allison Puryear (she/her): or the desire to not do the wise minding, you know, like, it's just like, yeah, of course, that exists like nobody wants to go to the doctor, especially if there's fear that you're gonna be shamed or you know, like, there are 1 million reasons for us to not go to the doctor.

Allison Puryear (she/her): And it's a wonderful part of taking great care of yourself, which is your responsibility

Kate Dansie: definitely definitely right, right? And you know ideally, you have a doctor that you know has an understanding of this. This sort of like fault versus responsibility piece, and you know, is really able to say, like, we can figure this out. We just have to work together. And that's what I really really love. When I hear physicians say that, like I'm part of your team like, and this is totally manageable. As as long

as we work together like. That's what I really love to hear.

Allison Puryear (she/her): Yeah, yeah, I think there's a real

Allison Puryear (she/her): when they're able to partner with their doctor. It makes it all feel safer for clients, because they know they feel cared about, you know.

Allison Puryear (she/her): And and I think I do genuinely believe most doctors are doing the best they can. They are really wanting to help people, and I also know that many doctors are overworked and managed Care has made it such that they cannot spend the kind of time that they want to with their patients, and the time that really helps them get to know their patients in a way that they can

Allison Puryear (she/her): see them like really see them and hear them.

Kate Dansie: Cause. I certainly could not do 15 min therapy appointments like I would not be effective, and I would miss things, and I might.

Allison Puryear (she/her): You know it'd be supportive.

Allison Puryear (she/her): maybe feel nice by the end of the 15 min, if possible. But

Allison Puryear (she/her): it's it's complex, and it's nobody's out to get anybody. I don't think I think we're all just like, culturally, I think we're misinformed

Kate Dansie: from a

Allison Puryear (she/her): healthcare structure where the supporters aren't able to do the support that they

Allison Puryear (she/her): we're trained to do and want to do and that creates a divide often between patients and their providers

Kate Dansie: absolutely. And I and I think it's another really like beautiful place to to use sort of dialectical thinking right? That, like we know, physicians are, you know they're rushed. They're overworked, and they're doing the best they can, and we want them to do better right like. And I think I think we definitely can hold space for for all those things to be true, and I also think that the therapist can be a great kind of advocate, or sort of a tool in that

Kate Dansie: in that relationship, like, you know, can I help you know what to say to advocate for yourself with your doctor? Or can I call your doctor myself, and and maybe talk this out a little bit, you know. So I think that I think that that's a real, another really cool thing, the way that, like the therapist, can also kind of step into help support

Allison Puryear (she/her): that relationship. Yeah, absolutely. And

Allison Puryear (she/her): it can also be a good referral source.

Kate Dansie: Like all, all healthcare, is mental health care.

Kate Dansie: Ultimately, like any

Allison Puryear (she/her): anybody who wants to go. Anybody who wants a patient to make a change any provider. The the patient will not make a change. depending on their mental health care, or they will, depending on their mental health care, you know like if they are.

Allison Puryear (she/her): if they have the internal resources to make these changes, that's what all doctors want. That's what all providers want is for people to be well. And so if you become

Allison Puryear (she/her): the person in that doctor's mind who gets it.

Allison Puryear (she/her): who is supporting them and helping them make those changes, then you'll probably end up getting a lot of referrals from that doctor. Have have your own referrals on hand for when your phone

Allison Puryear (she/her): but it's

Allison Puryear (she/her): it's a good thing to form these relationships with medical providers. Sometimes.

Allison Puryear (she/her): you know, I've had the opportunity to talk to primary care providers who just didn't. You know they didn't get any real training in eating disorders, and they got very little training on nutrition.

Allison Puryear (she/her): and

Allison Puryear (she/her): did. Didn't get any training on health at every size.

Allison Puryear (she/her): and so there have been opportunities to educate some of the doctors that I now work with or have worked with in the past.

Kate Dansie: I also

Kate Dansie: sorry. Go ahead. Oh, I was just gonna say, I also think having a HAES aligned dietitian on board can help a lot. And and they also, you know, I think that. I think that therapists and dieticians, you know, we I think we we keep kind of a running list in our minds of like, we like this doctor like this is the one to go to. Yeah.

Kate Dansie: yeah, literally, one here where I live, and and for folks who are not familiar. HAES stands for health at every size.

And it is

Allison Puryear (she/her): a movement very well researched movement. So much data that shows that health and weight are not correlated

Allison Puryear (she/her): except at like extreme extreme extremes. Right? Like. if you're

Allison Puryear (she/her): if you're on extremes and not the extreme, you might be thinking, but even more then sure. But that what the data shows is that the

Allison Puryear (she/her): socioeconomic status, for instance, is far more predictive of health than weight is and sometimes that is correlated with weight. But there are just these weight has become this

Allison Puryear (she/her): focus

Allison Puryear (she/her): that the data doesn't actually support. When you dig a little deeper, absolutely, absolutely, absolutely. And I think you summed that up so beautifully that, like, there's, there's a lot of kind of ideas out there that the data doesn't support. When you, when you kind of like, look under the like, you peek under the cover a little bit, and you're like, oh, there's this whole flood of information here like I don't have to be in control of my blood sugar, 90% of the time to have a good health outcome. Right?

Allison Puryear (she/her): Right?

Allison Puryear (she/her): Yeah. And that one is so. I love that so much. It makes me think of I was at a continuing Ed for

Allison Puryear (she/her): it was like an attachment theory continuing Ed, and it was specifically for parent or for like. I don't know. There was 4 parents, but it was talking about attachment with kids.

and how

Allison Puryear (she/her): basically, we spend like 30% of our time doing a great job and being really connected. And 30% of our time really messing up as parents and 30% of our time repairing. And if you've got that dynamic you're good to go.

Allison Puryear (she/her): And I was expecting 90% of the time to be like the perfect parent and messing up and repairing 5% of the time each. And it was such a relief to me.

Allison Puryear (she/her): And I was like, Okay, like, I'm not screaming my kids up, I mean, but not leave my body when you said Yes, it's amazing. I mean, I felt so free. And I can imagine, like, if I had diabetes. And I heard that like 70%, it does not have significantly different outcomes than 98%.

Kate Dansie: And I'd be like, hell. Yeah, awesome cake. Yeah, I love it. I love it. And then that's the thing right like diabetes. It's really, really manageable. It really is like, when I got diagnosed with that, I felt so scared I felt so scared and so sad and I'm just really and at the same time, like, now I see I'm I'm really happy in a way that I have it because it's allowed me to to learn a ton

Allison Puryear (she/her): more and and support my clients more effectively. Umhm, absolutely, absolutely.

Allison Puryear (she/her): I'm trying to think of anything else. Is there anything else that you would really

Allison Puryear (she/her): love? Therapists who maybe they're eating disorder therapists, but don't work with folks with diabetes, or or maybe they're just like an average therapist like Generalist out there. What do you really want them to know about working with clients with eating disorders and diabetes?

Kate Dansie: So so I actually made a little list here. I want clients, or I want therapist and clients to know is that, regardless of size, there are a couple of things that are really good for people with diabetes and eating disorders to do one is maintain a really good relationship with your

provider. You know whether that's an endocrinologist, a primary care physician, a therapist, a dietician, or all the above ideally, we've got all the above right

Kate Dansie: and if that provider call, you know, causes you to feel shame about about having diabetes. That's a problem. And you know you can. You can try to get a new doctor. You can educate them, or you can try to get your dietitian or therapists to help educate them. So we have options there. Drinking water and staying hydrated is also a super good thing for diabetes. Generally

Kate Dansie: monitoring blood glucose is also a really good thing for diabetics to do, but there are pros and cons to continuous blood, glucose, monitoring

Allison Puryear (she/her): pairing carbs and sweets with fat fiber and protein is another really good thing to do. It just helps balance blood sugar. Eating regularly is another really good thing to do, and engaging in joyful movement also just good for you in general, but it also helps increase insulin sensitivity, which is the opposite of insulin resistance, which is kind of what diabetes is all about.

Kate Dansie: So yes, those are just some. I think those are just some good. You know, HAES Aligned, you know tips and habits that you know, we can encourage our clients to to engage in.

Allison Puryear (she/her): and I, we haven't talked a whole lot about movement. Like joyful movement, or movement, you enjoy these are things that have been said today, I think it's such an important distinction from

Kate Dansie: exercise or working out in the way that we often think about exercise and working out absolutely, absolutely. And you know one of my favorite ways to help people access. This like concept of joyful movement is to ask them, what did they really love to do as a little kid. They'd like to ride their bike. Did they like to? I don't know. Get out and help in the garden. Did they like to roller skate, you know, or like, whatever the thing is like, let's bring you back to that place where moving your body was just

fun.

Kate Dansie: It's just so fun and good. Yeah.

Allison Puryear (she/her): And I think about how in our culture, there's kind of like a working out to earn eating. There's a sense of like, yeah. And that working out is so often seen more from this lens of how to look like how to reform your body. And the way that you wanted to look and things like that.

Allison Puryear (she/her): and that can have a lot of people. Well, we know that when people go to the gym

Allison Puryear (she/her): because they wanna change the way their body looks. They stop going much earlier than people who are going for mental health benefits are going because they want to be able to run around in the yard with their kid. Like the myriad of other reasons to exercise. Yeah.

Kate Dansie: And like, I'm I'm real big right now on lifting heavy weights, because I want my bone density to be like I want my deck to scan when I'm 70. I want them to be like hot, damn, you know,

Allison Puryear (she/her): And while I like, I have found that there are certain things that I don't like doing that I'm just not gonna do. I'm I'm not gonna make myself do them to get that scan because there are other things I do like doing. They yield the same results absolutely. And I think if movement feels punishing, you know, that's a real that's a real red flag, for sure. We don't want it to feel punishing. No,

Allison Puryear (she/her): absolutely not. It's

Allison Puryear (she/her): like, if I think about that dread, there are times I don't wanna do it once I'm doing it. If I do it. Anyway, I'm happy that I'm doing it, and if then I feel great after I've done it, that

Allison Puryear (she/her): if you're like, you don't want to do it. You hate it while you're doing it.

Allison Puryear (she/her): and then, inevitably, you'll probably feel good after you do it, because that's how endorphins work. But if you're hating the process like, if you hate running, and you're making yourself run to God. There's so many other ways to get Cardio to move your body, to have fun. To take great care of your heart, and

Allison Puryear (she/her): ultimately much better care of your joints. But if you love running, please keep doing it, you know. Do what feels great. It's really important, not just for our mental health and our physical health, but for like our relationship to our bodies

Kate Dansie: definitely.

Kate Dansie: Well, Kate, thank you so much for time with us today. Thank you, too. Yeah, thank you.

Allison Puryear (she/her): Yeah. And I hope that people feel

Allison Puryear (she/her): more informed, more supported. Are there any resources that you want to point people to. They want to learn more. Yeah, that's a great question. And unfortunately, there's there's not a whole lot of people talking about this. there is a book called

Allison Puryear (she/her): Eat what you love with diabetes that I like and then there's there's another one called weight neutral support for diabetes, which I also really like. But you know, I think that one of the reasons I wanted to talk about this is, I think we need more people to be talking about this absolutely, absolutely.

Kate Dansie: Well, thank you very much, and hope to see you soon. Thanks so much.

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