

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.

Kelly is a psychologist who has specialized in working with queer populations, people who have experienced trauma and eating disorders for over 30 years. She worked in college counseling centers for the first half of her career, started an individual private practice after the birth of her first child and then opened a group practice in 2021 so she could go back to providing supervision and training to others. Starting in 2020, her practice experienced many changes as she realized that many of her clients had undiagnosed ADHD and/or Autism and she had to do a deep dive into learning more about topics she had avoided for years. She now loves to talk about issues of neurodivergence and how it interacts with her other favorite topics: queer identity and eating disorders.

Allison Puryear (she/her): Kelly, thank you so much for joining us on the Not Boring CEs podcast and training. Like, I'm psyched to talk about neurodivergence and queer identities with eating disorders.

Allison Puryear (she/her): Because I think these overlaps, like, sometimes it's a triple overlap, sometimes it's a double overlap, but I am excited to dig into this. So let's... maybe let's start with neurodivergence, and...

Kelly Simonson (she/her): Okay.

Allison Puryear (she/her): Eating disorders, like, why does it matter? Why does this need to be on our radar if we're working with neurodivergent folks, or we're working with folks with eating disorders?

Allison Puryear (she/her): How does it impact treatment? Give us the lowdown.

Kelly Simonson (she/her): Okay, I guess before I give the lowdown, I just want to acknowledge, that...

Kelly Simonson (she/her): if neurodivergence is the spectrum, I'm probably on the more neurotypical side.

Kelly Simonson (she/her): And I am somebody who, for...

Kelly Simonson (she/her): the vast majority of my career worked with queer folks, worked with eating disorder folks, I mean, like, 25 years. And the whole time, I was like, oh, I don't work with ADHD, I don't do autism, those aren't my thing, and would refer people out. And then...

Kelly Simonson (she/her): sort of a...

Kelly Simonson (she/her): combination of things, the pandemic, the start of TikTok, just more awareness around neurodivergence, all these things sort of all started to happen around 2020.

Kelly Simonson (she/her): And I think people being home, and not being on their routines, and not being at work, and having to deal with some of the things they always had to deal with at work.

Kelly Simonson (she/her): whether it was a good thing, like, structure and a place to be, or if it was, like, overwhelming people, or situations, or flash... fluorescent lights, whatever. I think that...

Kelly Simonson (she/her): just over and over and over again, I had people come in

Kelly Simonson (she/her): especially a lot of, AFAB folks come in from my caseload that I've seen for years and be like, can you watch this TikTok? Because I think I have ADHD, or I think I'm autistic, or I think I'm this, and me over and over again being like.

Kelly Simonson (she/her): Oak.

Kelly Simonson (she/her): I think you are, too. And me realizing that I'd been missing stuff for so long.

Allison Puryear (she/her): And having to do a lot of my own education in the last couple years, and reading a lot, and trying to learn a lot.

Kelly Simonson (she/her): And I just think it's important to start with that, because...

Kelly Simonson (she/her): I know I, at first, was like, oh my god, what have I missed for two decades?

Kelly Simonson (she/her): But also, it's easy to miss for two decades, and I think that we are having a real cultural shift where we are finally talking about neurodivergence in a...

Kelly Simonson (she/her): in a mostly positive awareness way, you know, you noted earlier, it's also a weird week because the political landscape is not looking at it positively, but I think a lot of therapists are finally becoming aware of neurodivergence and how much it impacts

Kelly Simonson (she/her): everything that our clients are presenting with. And just how much more common it is than we ever thought.

Allison Puryear (she/her): which, I mean, also, in our defense, because you and I have talked about this separately, about, like, God, how many people did we miss?

Kelly Simonson (she/her): Yes.

Allison Puryear (she/her): In our defense, the way we were taught in grad school back in the day, because we've both been in our careers for over 20 years, it was like, ADHD looks like these hyperactive little boys, and, autistic folks, like, don't speak half the time.

Kelly Simonson (she/her): Well, or autistic folks are little boys in the corner with their trains, or their dinosaurs, or, you know, whatever.

Kelly Simonson (she/her): And so, I do think that that's a huge piece, like, there's so much... the...

Kelly Simonson (she/her): AFAB folks were just not... seen, and were overlooked, and, I think particularly with autism, like.

Kelly Simonson (she/her): if you were female and autistic, like, it just looks radically different, you know? And boys were allowed to get away with being in the corner with their dinosaurs, lining things up.

Kelly Simonson (she/her): Girls can't do that. The price is too high. And so, for them, the...

Kelly Simonson (she/her): the hyper-focus and the trying to figure things out becomes, like, well, how do I study relationships, and how do I study friendships, and how do I study what girls do so that I can fit in? Because boys don't have to fit in. They can be the eccentric genius in the corner, whereas

Kelly Simonson (she/her): Girls don't have that.

Allison Puryear (she/her): Yeah, there's a lot more pressure to mask.

Kelly Simonson (she/her): So much more pressure.

Allison Puryear (she/her): In, like, early childhood, like, in childhood, for sure.

Kelly Simonson (she/her): And so, I think that it's just become important for me to look at that, and yes, I do realize that I didn't have the training in it at all. I had no training about autism. Wasn't even mentioned. Barely any training about ADHD.

Kelly Simonson (she/her): it was like, if you want to do that, then you can study it. Like... Right.

Kelly Simonson (she/her): Yeah.

Kelly Simonson (she/her): And so it's just very different now, you know? And I think that...

Kelly Simonson (she/her): reading more, exploring more, becoming aware of clients that I was like, Oh, that's...

Kelly Simonson (she/her): That's it, you know, so...

Kelly Simonson (she/her): I heard a statistic in a presentation, but never had the, reference for it, and then I was re-listening to Unmasking Autism, which is an excellent book, everybody should read that book.

Kelly Simonson (she/her): Where... The author said that 20-37% of anorexics could also be autistic.

Kelly Simonson (she/her): And when you think about the fact that many anorexics are assigned female at birth, and, you know, like.

Kelly Simonson (she/her): All these other factors that make autism a low diagnosed

Kelly Simonson (she/her): probability for them, it might be higher than that 37%. And you and I talked about... it was like, oh, I can literally, like, think back on clients and be like.

Kelly Simonson (she/her): that's... that's why they were so rigid, that's why they held on so much to this, that's why they... they couldn't make this change in thought, no matter how many times we talked about it, or they couldn't do this different behavior, no money... no matter how many times we talked about it.

Kelly Simonson (she/her): And it... and I think it was really helpful for me of, like.

Kelly Simonson (she/her): Yeah. Oh, okay. And to think about how I might handle it differently now, you know?

Allison Puryear (she/her): like, you know, so Kelly and I worked together in our last job before our private practices, and in that setting, in my setting, working in residential, like, those folks were just labeled treatment resistant.

Kelly Simonson (she/her): Yes?

Kelly Simonson (she/her): It's difficult.

Allison Puryear (she/her): Yeah, like, why aren't they doing right? Why aren't they listening? So there was more of, like, a frustration with them not getting in line with the treatment recommendations.

Kelly Simonson (she/her): Huh.

Allison Puryear (she/her): Instead of... being more curious about it. Like, what if we'd just been more curious?

Kelly Simonson (she/her): And I think about...

Kelly Simonson (she/her): especially in, like, treatment centers or IOPs, like, if you're dealing with somebody who's autistic and probably didn't know they were autistic, right? And depending on the environment.

Kelly Simonson (she/her): It could be so sensory overloading.

Kelly Simonson (she/her): It could be, you know, just so much for them to take in.

Kelly Simonson (she/her): Plus, then, you're supposed to be doing all this emotion work that they're like, okay, whatever, while they're trying to figure out how to be present, how to do group, what does that even look like, you're having all this stuff, and then you...

Kelly Simonson (she/her): you have somebody who might then have a meltdown, right? Like, they might be having an autistic meltdown.

Kelly Simonson (she/her): But all it looks like is they can't keep it together, they cry too easily, and then they get labeled manipulative. You know, and...

Kelly Simonson (she/her): They need to leave and go to their room, or everything becomes about them, and they're shut down because they can't engage, and... so then they get manipulated, sometimes labeled by, borderline, which.

Kelly Simonson (she/her): other...

Kelly Simonson (she/her): Thing, because they have these big mood swings, and they have these outbursts, and they have trouble with their relationships, and all these things that really are probably the autism, but get labeled as borderline.

Allison Puryear (she/her): Right.

Kelly Simonson (she/her): Which is a whole other conversation, right? But, but then you're seen as difficult, you know? Or you're autistic, and you have sensory issues around the way things taste, or the way they feel in your mouth, the texture, the temperature.

Kelly Simonson (she/her): And instead of it being like, oh, this is a neurological issue, this is a way your brain is wired issue, it's just... you're excessively picky, and you're treatment-resistant, and you're not willing to try new foods.

Kelly Simonson (she/her): And that becomes a whole treatment goal.

Allison Puryear (she/her): Right.

Kelly Simonson (she/her): When it... when it could be a treatment goal in a...

Kelly Simonson (she/her): accessible, supportive way, instead of a shaming, you have to sit with that piece of broccoli-forever kind of way.

Allison Puryear (she/her): Yeah, and I think now that we have ARFID,

Allison Puryear (she/her): I'm, like, the overlap with neurodivergence and ARFID, I don't know the number, but it's gotta be, yeah, way up there. And even when ARFID was first introduced, you remember how people were like, I'm sorry, what? We have, like, a diagnosis for being picky? Right. And it's like, that's... that's not what it is.

Kelly Simonson (she/her): That's...

Allison Puryear (she/her): way oversimplified version of what ARFID is. It is, like, this neurological... Experience. A food.

Kelly Simonson (she/her): Yeah. Yeah. You know, and when you're in a...

Kelly Simonson (she/her): a field that is trying to get people to eat more broadly, right? Like, get out of your safe foods.

Kelly Simonson (she/her): Well, maybe we need to question why they're safe foods, not just about calories, or not just about fat content, that, like, maybe they are safe foods in other ways, and we don't have to shame our clients about that, but we can...

Allison Puryear (she/her): Then look at it differently to be like, okay, well, how do we broaden your idea of safe foods with similar textures or similar tastes?

Kelly Simonson (she/her): Or similar levels of blandness, or levels of spiciness, whichever way that particular person's needing to go, without it seeing... being seen as a problem and a pathology.

Allison Puryear (she/her): Yeah.

Kelly Simonson (she/her): Yeah. Because they just are, you know, seen that way.

Kelly Simonson (she/her): Yeah, and I think that... okay, so your original question was...

Kelly Simonson (she/her): Was about, like, how do eating disorders and neurodivergence overlap, right?

Allison Puryear (she/her): Yeah, just, like, how do... like, why is it important for us to have this on our radar at all as either eating disorder therapists or folks who specialize with neurodivergent folks?

Kelly Simonson (she/her): It's so many things, right? And I think part of it is looking at...

Kelly Simonson (she/her): I believe eating disorder work is...

Kelly Simonson (she/her): is really about identity and about dissociation, okay? And I think that a lot of people get very wiggled out about eating disorder work, because it's like, oh my god, it's the highest mortality, blah blah blah.

Kelly Simonson (she/her): that's all real, but it's also stuff that we do every day, right? And so if we look at it as identity work, and we look at it about dissociation, we have a lot more skills than we think we do.

Kelly Simonson (she/her): You know, and both of those things can be relevant when we're talking about neurodivergence.

Kelly Simonson (she/her): If we're talking about queer identities, it...

Kelly Simonson (she/her): and within eating disorders, right? You know, so...

Kelly Simonson (she/her): I think eating disorders, infamously, are not about food, right? Right. It's not about food, and it's not really about your body. It's about a thousand other things, and I think...

Kelly Simonson (she/her): for a lot of folks who might be neurodivergent, it's... you know, it's a way to do what you're supposed to do. It's a way to fit in,

Kelly Simonson (she/her): it can offer this, like, world of rules and rituals that are like, well, this is just what... what you do, right? Like, and if you're not sure how to fit in, or how to deal with the world, and somebody says, well, eat this, and you're gonna be fine.

Kelly Simonson (she/her): like, that sounds really appealing. And for a lot of folks with neurodivergence, they're not very in touch with their body.

Kelly Simonson (she/her): And it's hard to... to feel those bodily cues, so we're talking, you know, hunger fullness, do I have to pee, do... am I cold, or am I hot? Like, it's... it's just harder when there's so much stimuli to sort through and figure out how your body feels. And so, again, if somebody gives you

Kelly Simonson (she/her): a plan...

Kelly Simonson (she/her): eat this at this point, at this time, in these ways, exercise this much. It's just a way to go through the motions of, I'm in touch with my body without being in touch with your body.

Kelly Simonson (she/her): You know? And it gives you a way to feel in control, it's a way to feel disciplined when maybe you're being told every other place that you're lazy.

Allison Puryear (she/her): And that you're undisciplined, or you can't just keep it together, emotionally, mentally, physically, whatever.

Kelly Simonson (she/her): I think for a lot of queer folks to... well, actually, I'll stick with the neurodivergent folks, but, like, it's also a way to, like.

Kelly Simonson (she/her): Be defined as good, or be defined as, like, worthy by your body and by your appearance.

Kelly Simonson (she/her): And when they might be struggling so hard to find a way to feel worthy.

Kelly Simonson (she/her): Again, this, you know, especially if you go thin.

Allison Puryear (she/her): It's like, oh, instant acceptance, instant...

Kelly Simonson (she/her): approval, by lots of people, particularly if you're female. Like, focusing on being thin and bonding with other girls about being thin and being on a diet gives a social in when maybe they didn't have one before.

Kelly Simonson (she/her): What else? Then, I think, for a lot of queer folks, it's a little bit different.

Allison Puryear (she/her): Yeah, and let's do, like, neurodivergent first.

Kelly Simonson (she/her): first.

Allison Puryear (she/her): And then queer folks, and then, like, the overlap of all three, and how that looks. Yeah. And I'm thinking, like, you mentioned, like, eating disorders are not about the food, but, like, for a lot of neurodivergent folks, it's, like, literally about that food. Like, that texture, or that...

Kelly Simonson (she/her): Right.

Allison Puryear (she/her): So, like, there is a piece where we have to be open and willing to hear.

Kelly Simonson (she/her): Yeah.

Allison Puryear (she/her): Like, no, like, yogurt makes me want to die.

Kelly Simonson (she/her): What are you?

Allison Puryear (she/her): I can't...

Kelly Simonson (she/her): Or it's the only thing I can eat, because chewing makes me want to die.

Allison Puryear (she/her): Right, right.

Kelly Simonson (she/her): Right. And I think with ADHD, it's a different kind of thing. Again, like, not being in touch with your physical cues.

Kelly Simonson (she/her): Especially if you're in a hyper-focused place. You know, if you're in a flow of a hyper-focus, and you're finally getting something done, you have no interest in stopping to eat. Like, who cares?

Kelly Simonson (she/her): You know, like, that's just not gonna matter. And if you're ADHD and on meds, that's gonna really impact things. You know, like, you...

Kelly Simonson (she/her): you probably don't have an appetite all day, and then you're ravenous by the end of the day, and so that creates its own problems, you know?

Kelly Simonson (she/her): And I think it just becomes these ways of...

Kelly Simonson (she/her): being disconnected from your body, or being so in your body, it feels so uncomfortable, so you want to disconnect from your body. You know, like, again, the dissociation,

Kelly Simonson (she/her): And so it's just layered. So many layers.

Allison Puryear (she/her): Yeah, and there's the layer of, like, needing that dopamine hit, like, somebody with ADHD, and, like, food gives it to you.

Kelly Simonson (she/her): So...

Allison Puryear (she/her): Like, binge eating disorder can be high amongst folks with ADHD.

Allison Puryear (she/her): And.

Kelly Simonson (she/her): And it often is, like, binge eating disorder, because...

Kelly Simonson (she/her): some of what they're... they're looking at with binge eating disorders is a lot of binge eat... and binge eaters, like, spend all day busy. Go, go, go, go, go, can't sit still, can't, whatever. Also push down their feelings all day.

Kelly Simonson (she/her): And then they get home, and it's quiet, and it's safe, and it's calm, and they don't know what to do with that.

Allison Puryear (she/her): And so then there's...

Kelly Simonson (she/her): Again, the dopamine hit, the... The self-directed way to...

Kelly Simonson (she/her): to feel better in that moment.

Allison Puryear (she/her): Yeah, and I'll say, like, these behaviors aren't necessarily, like, indicative of an eating disorder. Of course. We're talking about the people who do have eating, so, like, if your kid is, you know, not super interested in food, or is, like, ravenous and eating most of their meal at night, it doesn't mean they have an eating disorder.

Allison Puryear (she/her): But, you know, it's something to keep an eye on.

Allison Puryear (she/her): Yeah. It's just the way they interact.

Kelly Simonson (she/her): Those things interact, for sure.

Allison Puryear (she/her): Yeah. And so, being, like, cognizant, if you are somebody who specializes in, neurodivergent folks, but not eating disorders, like, what are some things that...

Kelly Simonson (she/her): They should be asking or listening for in order to better screen or assess.

Kelly Simonson (she/her): Those are great questions. I think just doing any sort of assessment, asking about

Kelly Simonson (she/her): You know, do you ever purposely restrict, or,

Kelly Simonson (she/her): And then, not purposely rejected, right? Like, do you ever find yourself not eating for many hours at a time? Why? What happens? Like, what leads to that?

Kelly Simonson (she/her): asking about things like safe foods. Do you have foods that are safe or that you're drawn to?

Kelly Simonson (she/her): Eating a... asking about a 24-hour recall.

Kelly Simonson (she/her): because what I find is... and... you might find this too, when you ask somebody without an eating disorder for a 24-hour recall, they'll be like, okay, like.

Kelly Simonson (she/her): what did I have yesterday, right? And they can think about it, and it's often very varied. If you ask somebody with an eating disorder what their 24-hour recall is, they can give it to you because they ate the same damn thing every day.

Kelly Simonson (she/her): They...

Allison Puryear (she/her): Yeah.

Kelly Simonson (she/her): it's... it's so odd. It's like, well, for breakfast, I have XX or Y, and for lunch, I have, you know, A, B, or C, and for... it's just a different qualitative experience, even when they describe it.

Allison Puryear (she/her): Right.

Kelly Simonson (she/her): And so I think that that could be a piece that comes out differently when you're asking somebody. And again, that may not indicate they have an eating disorder, it may just be that they're autistic and they have a limited

Kelly Simonson (she/her): Number of safe foods?

Kelly Simonson (she/her): to even have that conversation is helpful. Yeah. Because, like an eating disorder, if you only have a certain number of safe foods, or you only have two places you're willing to eat, this will impact you socially.

Kelly Simonson (she/her): And therefore, it impacts other parts of your life.

Kelly Simonson (she/her): Including anxiety and depression and social skills and relationships, because you're so limited.

Allison Puryear (she/her): Right. Like...

Kelly Simonson (she/her): So, I guess I would... I would think of it in that way, like, asking those kind of questions. Asking about, do you have a sense of when you're hungry, or when you're full? And again, like, if no what gets in the way.

Allison Puryear (she/her): While also recognizing that.

Kelly Simonson (she/her): Everyone struggles with hunger and fullness cues, like...

Allison Puryear (she/her): Right. Yeah, we have learned to override them throughout our lives.

Kelly Simonson (she/her): provide them. They're incredibly difficult to ascertain.

Kelly Simonson (she/her): It takes hours and hours and hours to feel different levels of hunger, and you can get...

Kelly Simonson (she/her): full... you can go from a 5 to a 10 on the scale in 2 minutes, you know? So there's all of that, but I think it's also important to recognize that, oh, I have no idea when I'm ever hungry.

Kelly Simonson (she/her): Because it's time. Yeah. Oh, okay, well, let's...

Kelly Simonson (she/her): Talk about that. How much are you in your body in general? Like...

Kelly Simonson (she/her): You know, and just starting to ask those questions, because... That's important knowledge.

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

Kelly Simonson (she/her): And I'm thinking, too, like, if somebody does do a food recall, and they're like, yeah, I didn't have much for breakfast, I didn't have much for lunch.

Allison Puryear (she/her): I had, like, you know, basically all of my food after 6pm.

Allison Puryear (she/her): That also doesn't necessarily mean they have an eating disorder, but it's great information, and something that I've said to my clients with eating disorders for, you know, the last 20-something years is, like, our bodies are so smart.

Allison Puryear (she/her): And if they don't get what they need throughout the day, they will force the issue.

Kelly Simonson (she/her): And it is very hard to not overeat if you've been restricting all day.

Allison Puryear (she/her): And so, like, especially my clients who come in, they've been, like, dieting, and then they are feeling like a huge failure because, you know, come 9 o'clock, they're trying to, like, settle down for the night, and they can't stop themselves.

Kelly Simonson (she/her): that meeting, yeah.

Kelly Simonson (she/her): Yeah. Well, and also, like, Just in general, the idea of...

Kelly Simonson (she/her): You know, it's not a perfect analogy, but...

Kelly Simonson (she/her): our bodies and our brains need fuel. And, you know, the comparisons to it being a car or whatever, like, not always the best analogy, but there's parts of it that work of, like.

Kelly Simonson (she/her): You can't just not have fuel all day and expect to turn on your car and it work perfectly.

Allison Puryear (she/her): Late.

Kelly Simonson (she/her): You know, like,

you... you need something for it to feed on, literally, if you're going to...

Kelly Simonson (she/her): To be functional throughout the periods of day in any consistent manner.

Kelly Simonson (she/her): Hmm.

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

Allison Puryear (she/her): I've... even just, like, marketing, I was... I was at some sort of, like, marketing...

Allison Puryear (she/her): Seminar or something like that, and they were saying, like, you want people to use as few calories as possible from their brain to understand what you're saying.

Allison Puryear (she/her): And I was like, some of the people in this room probably didn't realize you use a lot of calories from, like, your brain is using a lot of calories, you know? But now they know.

Kelly Simonson (she/her): So, like, make things very clear was basically his point. So...

Allison Puryear (she/her): Yeah, I mean, we... We need calories, obviously, just to function, but...

Allison Puryear (she/her): like, looking at, basically, how impaired is your client, because they have either not eaten enough, or they have gone overboard, and it makes them feel awful in their body. Like, the next day, they're feeling so sluggish, or those kinds of things. Like, looking at

Allison Puryear (she/her): patterns there.

Allison Puryear (she/her): Young.

Kelly Simonson (she/her): Yeah, that's really important.

Kelly Simonson (she/her): Yeah.

Kelly Simonson (she/her): And, like, when are you seeing them, right? Like, are you seeing them at 2 in the afternoon, and they haven't eaten since 7 the night before?

Kelly Simonson (she/her): That might impact things.

Allison Puryear (she/her): Yeah. Yeah. Anytime somebody's, like, just out in my normal life, it's like, oh yeah, I fast until whatever time, and I'm just so much clearer and sharper, and I'm like, it's funny how that never worked for any of my clients. Never, ever.

Allison Puryear (she/her): So... Hmm, we'll see. I'm gonna trust you on your own experience, because I'm not your therapist.

Kelly Simonson (she/her): Yum.

Allison Puryear (she/her): So, okay, let's... let's shift gears some. Let's talk about queer folks.

Kelly Simonson (she/her): Okay.

Allison Puryear (she/her): And eating disorders, and how...

Allison Puryear (she/her): Like, just understanding the unique challenges when eating disorders intersect with those queer identities.

Kelly Simonson (she/her): I think first is just looking at, like, a minority stress model, right? Like,

Kelly Simonson (she/her): if you are in a minority, and in particular, one that's being very demonized at the moment, that does produce stress, and then what do you do with that stress, and how do you cope? And eating disorders can be a lovely way.

Kelly Simonson (she/her): To cope, and...

Allison Puryear (she/her): Yeah, it works so well.

Kelly Simonson (she/her): They worked so well, short-term, and they are so socially acceptable.

Kelly Simonson (she/her): and encouraged.

Kelly Simonson (she/her): And so, you know, that's a whole other piece of it. I think particularly for trans folks,

Kelly Simonson (she/her): Eating disorders, or... Manipulating food, whether it's an eating disorder or not. Manipulating food, And manipulating their body.

Kelly Simonson (she/her): makes sense to me, right? That, first of all, if you're trans and you hate your body.

Kelly Simonson (she/her): You're not really interested in taking care of it.

Kelly Simonson (she/her): But also you can use food in some ways to shape it, right? So,

Kelly Simonson (she/her): Trans, men might...

Kelly Simonson (she/her): not eat as much, to get rid of a period, to get rid of their curves.

Kelly Simonson (she/her): interestingly, like, a lot of, times when trans men go to have chest surgery, they, you know, you can only have surgery if you're below a certain weight. Like, a lot of plastic surgeons won't even,

Kelly Simonson (she/her): talk to you if your BMI is over a certain amount, but you're also encouraged to lose weight and bulk up your chest so that they know where your pecs will be.

Kelly Simonson (she/her): And, you know, so it's this whole other way of, like, manipulating your body in that way.

Kelly Simonson (she/her): you know, I think trans women are...

Kelly Simonson (she/her): are just like cis women, and fall prey to, like, thinner is better, you know, like, a certain look is a certain look, for a reason.

Kelly Simonson (she/her): I think anybody who's trying to attract the male gaze often experiences a lot more eating disorder behavior, because there's at least the perception that

Kelly Simonson (she/her): there's a smaller range of what's okay. You know, and...

Kelly Simonson (she/her): if you think about, like, Grindr, and that kind of stuff, like, gay men are stereotypically much more explicit about what they like and what they don't.

Kelly Simonson (she/her): no fatties, I want a bear, I want, you know, like...

Allison Puryear (she/her): There's only, yeah.

Kelly Simonson (she/her): are very explicit about the kind of bodies that turn them on.

Kelly Simonson (she/her): And so it's just more out there, you know? Yeah.

Kelly Simonson (she/her): lesbians, as a result, tend to have fewer restrictive eating disorders. It doesn't mean they don't have eating disorders, it just means that they might have fewer of the restrictive ones.

Kelly Simonson (she/her): And I think that, like, some eating...

Kelly Simonson (she/her): disorder behavior, like, some... like, bulimia can be,

Kelly Simonson (she/her): easier to get away with in a high substance abuse culture. You know, it's like, oh, I got so drunk, and then I got sick, you know, or we went out to Waffle House, and then I got sick, and it's like, well.

Kelly Simonson (she/her): Yes, and that was actually a binge purge for you, but you covered it with a drinking culture.

Kelly Simonson (she/her): you know, obviously straight people, binge and part, just go to Waffle House after negative drinking, too, but, you know, there can be more of a party culture with some

Kelly Simonson (she/her): parts of gay culture. Let's see what else.

Allison Puryear (she/her): I'm thinking, too, about, like.

Kelly Simonson (she/her): like, trans women.

Allison Puryear (she/her): People who were born in male bodies are typically... like, male bodies are typically larger than female bodies.

Kelly Simonson (she/her): Peace.

Allison Puryear (she/her): And so there's even just, like, the biological piece of, like, trying to be smaller to pass.

Allison Puryear (she/her): And how...

Allison Puryear (she/her): I mean, it's just... there's... it's hard enough for, like, a petite woman to be as small as she wants to be, like...

Kelly Simonson (she/her): Right.

Allison Puryear (she/her): But to have this body that doesn't want to do the thing that you're trying to force it to do.

Allison Puryear (she/her): It just makes it so much harder for folks.

Kelly Simonson (she/her): It does. And it's interesting, I,

Kelly Simonson (she/her): I have a friend whose child is trans male, and went through a period where he just stopped eating.

Allison Puryear (she/her): And...

Kelly Simonson (she/her): You know, it was clear later he did it to stop his period, to get smaller, to have fewer curves, because it was, like.

Kelly Simonson (she/her): puberty time?

Kelly Simonson (she/her): But as a result, they also stunted their growth, and so in a family where every single person is between 5, 10, and 6'7",

Kelly Simonson (she/her): This kid's, like, 5'4".

Allison Puryear (she/her): Wow.

Kelly Simonson (she/her): You know, and so it backfired, and it's really sad, because...

Kelly Simonson (she/her): they... they weren't able to achieve what they ultimately wanted, you know?

Kelly Simonson (she/her): And probably would look very different if...

Kelly Simonson (she/her): if they could have continued to eat, and been on puberty blockers, and had the gender-affirming care they needed, and, you know, all of those things together.

Kelly Simonson (she/her): Yeah. But I think it also just really gets to that piece of, like.

Kelly Simonson (she/her): How do you take care of your body?

Kelly Simonson (she/her): In a world that tells you that you should hate your body.

Allison Puryear (she/her): Right.

Allison Puryear (she/her): Stand yourself.

Kelly Simonson (she/her): And that tells you that certain bodies are more valuable than others.

Kelly Simonson (she/her): Right? Like... BIPOC folks, chronically ill folks, disabled folks, like...

Kelly Simonson (she/her): Trans folks, like, they're just not as valuable, and so how do you even learn to love your body and care for yourself?

Allison Puryear (she/her): Right.

Kelly Simonson (she/her): Yeah, if you're not...

Allison Puryear (she/her): If there's a clear line between who you are and what is valued in our culture.

Kelly Simonson (she/her): Yeah.

Allison Puryear (she/her): How do you find that value in yourself?

Kelly Simonson (she/her): Right. Especially when, like, maybe you don't value your body, because you've bought into...

Allison Puryear (she/her): what everybody else has bought into, you know? Like, the thinner is better, or whatever.

Kelly Simonson (she/her): Or it's just not the body you want it to be.

Allison Puryear (she/her): You know? Yeah, yeah.

Kelly Simonson (she/her): Yeah, it's really...

Kelly Simonson (she/her): really painful, and hard to sit with that. You know, because I think if you're working with a cis woman who is like, oh, I just, you know, I want a different kind of body.

Kelly Simonson (she/her): you might be talking about, like, I want curves these places and not these places, you know, which is also hard to deal with sometimes, right? But that's very different than, no, I literally want a very different body.

Allison Puryear (she/her): Right. I want a different body on the level that the cis woman wants a different body, plus...

Kelly Simonson (she/her): Plus.

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

Kelly Simonson (she/her): Yeah.

Allison Puryear (she/her): in... like, I think about... we were talking about, like, gay male culture, and...

Allison Puryear (she/her): you know, twink and bears, and the fact of the matter is, like, most people don't fit into either of those... like, most people don't fit into the categories

Allison Puryear (she/her): That people are asking for.

Kelly Simonson (she/her): Correct.

Allison Puryear (she/her): Right? Like, everybody's just kind of an in-between. And, like, wants to be...

Allison Puryear (she/her): one way or the other, if they're struggling with an eating disorder. I know, like, I've also seen a lot of,

Allison Puryear (she/her): Like, intense physical exercise amongst my gay male clients.

Kelly Simonson (she/her): Like, they...

Allison Puryear (she/her): I really, really want to have this particular.

Kelly Simonson (she/her): The cut and the...

Allison Puryear (she/her): Yeah. And, like, that's... it's just not attainable for everybody, period, much less in a healthy way.

Kelly Simonson (she/her): Damn.

Allison Puryear (she/her): Well, and one of the things that...

Kelly Simonson (she/her): that was a good reminder, like I said, I just re-listened to Unmasking Autism. They also talked about that some of that excessive exercise for some folks who are autistic and have eating disorders is actually a stim, right? Like, it's actually a stimming behavior.

Allison Puryear (she/her): Hmm.

Kelly Simonson (she/her): to pace a certain, you know, way, or the author talks about spending 2 hours a night doing Dance Dance Revolution, and that part of it was the exercise drive, but it also was incredibly powerful as a stem for them, and helped manage some of their autism.

Allison Puryear (she/her): Right.

Kelly Simonson (she/her): And, you know, and I think that's a piece that...

Kelly Simonson (she/her): Definitely was overlooked by me and lots of folks.

Kelly Simonson (she/her): Yeah.

Allison Puryear (she/her): Okay, so let's say there's a therapist out there listening who specializes in...

Allison Puryear (she/her): Anxiety, like, queer folks with anxiety, right?

Kelly Simonson (she/her): Okay.

Allison Puryear (she/her): I mean, I've personally never treated anybody with an eating disorder who didn't also have anxiety. So, like...

Allison Puryear (she/her): What should they be asking? What should they be looking out for around eating disorder thoughts or behaviors amongst their...

Allison Puryear (she/her): Queer Anxious clients.

Kelly Simonson (she/her): That's a great question. I, I, it makes me wonder...

Kelly Simonson (she/her): Kind of like, when we talk about the difference between disordered eating behavior, which is society.

Kelly Simonson (she/her): Disordered eating behavior and an eating disorder, and so maybe starting to ask questions or think about, like, how much does this drive your life? How much does it impact your life?

Kelly Simonson (she/her): So, even those questions, you know, about food or food intake, well, what happens if you can't go to one or two safe restaurants? How are you going to cope, right?

Kelly Simonson (she/her): Or if you can't have your safe food, or if you can't exercise, how are you gonna cope?

Kelly Simonson (she/her): Where, you know, because I think there's a difference between, oh, it really, you know, I'm less anxious if I go for a run every day.

Allison Puryear (she/her): and, you know, manage my ADHD better, or whatever, if I go for a run every day, which is very real.

Kelly Simonson (she/her): Versus, I'm gonna fall apart, I'm gonna obsess, I'm gonna ruminate on it, it's all I'm gonna be able to think about, and then I need to make up for it the next day. Like, that's a different...

Allison Puryear (she/her): Right, it's like, what's the rumination about if you're not running? Is it about life, or is it about run... not running? Right. Yeah. Or food intake, or making.

Kelly Simonson (she/her): The food intake, or the calories, or making up for it, yeah.

Allison Puryear (she/her): Hmm?

Kelly Simonson (she/her): The, like, constant,

I think that's a piece, like, the constant ledger in your head.

Allison Puryear (she/her): Yeah.

Kelly Simonson (she/her): And, like, what's in your ledger, right? Like, are you counting calorie in, calorie out.

Kelly Simonson (she/her): content, that kind of stuff, or, like...

Kelly Simonson (she/her): is your rumination, yeah, about, like, oh, I said this weird thing, and now my friend's gonna reject me.

Kelly Simonson (she/her): You know.

Allison Puryear (she/her): Yeah, yeah, that's a really good way to...

Allison Puryear (she/her): To make that distinction. The ledger. Yeah.

Kelly Simonson (she/her): Because I think a lot of folks with eating disorders have very intense letters. Yes.

Kelly Simonson (she/her): I'm like... Excel spreadsheets galore inside their head, and are constantly weighing all these things.

Kelly Simonson (she/her): You know, whereas folks maybe without an eating disorder just...

Kelly Simonson (she/her): They don't even have a ledger. There's 8.

Allison Puryear (she/her): Yeah, yeah, it's like, oh, I think it's time to eat, or I'm hungry, it's time to eat, you know?

Kelly Simonson (she/her): That looks good.

Allison Puryear (she/her): Yeah, and I think about, like, I don't want to leave out our binge eating disorder folks, like, because I think the ledger is often stronger for the folks that restrict.

Kelly Simonson (she/her): Yes. And... Good point.

Allison Puryear (she/her): while a fair number of our binge eating folks are restricting all day, trying to make up for a binge the night before, or whatever, there might be some... some sort of a ledger. But for other folks with binge eating disorder, there is no ledger. They're having, like, their feelings pile on.

Allison Puryear (she/her): And they need that dissociation that food can provide, and or that dopamine hit that it provides for a moment until it... they feel like absolute shit, because they've gone beyond the limit of what their body can...

Allison Puryear (she/her): Process in a way that helps them feel good.

Kelly Simonson (she/her): Yeah. And similarly with the... with the bulimia, like, it's very similar, and... and I think that those strong...

Kelly Simonson (she/her): Physical experiences of...

Kelly Simonson (she/her): of binging to the point where you feel like you're gonna explode, and then purging and the emptying of that. Those are very strong physical sensations, which, if you're somebody maybe on the autistic spectrum.

Kelly Simonson (she/her): Who doesn't have a lot of connection with their body, and needs these intense physical experiences to feel in their body, like, that offers that as well.

Allison Puryear (she/her): Right. Similar with ADHD, like, you're I mean, with both sides.

Kelly Simonson (she/her): Exactly.

Allison Puryear (she/her): Yeah.

Kelly Simonson (she/her): The dopamine hit, the rush of what it's like to be in your body, to the... and the clearing of your head, just for a minute. Just for a minute. You know, like, where it's like...

Kelly Simonson (she/her): And then, of course, I mean, that's the problem with eating disorders, is that.

Allison Puryear (she/her): it all comes back, right? Right.

Kelly Simonson (she/her): You can feel good in that binge purge, and all the thoughts clear away, and it's a moment of silence and peace... until later.

Allison Puryear (she/her): Right, right, when now you've got all the things you were trying to shut out, plus you feel, like, crap about...

Allison Puryear (she/her): What you've done, or your body feels like crap, or all of it.

Kelly Simonson (she/her): Yeah. Yeah.

Kelly Simonson (she/her): Yeah.

Allison Puryear (she/her): So, I'm thinking about, like.

Allison Puryear (she/her): We were talking about really rigid treatment models that we were kind of brought up on early in our eating disorder treatment career. And how those... we talked about how those leave out neurodivergent folks.

Allison Puryear (she/her): They're not considering their experience, or valuing their experience.

Allison Puryear (she/her): How do our outdated treatment models impact queer folks?

Kelly Simonson (she/her): I think that... They are getting better. Those are getting better.

Kelly Simonson (she/her): at least a lot of the treatment centers I know are getting better.

Kelly Simonson (she/her): even just about, trans folks, like, you know, basic things. What are your pronouns, and what name would you like us to call you? Not what's on your insurance card.

Kelly Simonson (she/her): Having housing for trans folks, is really important.

Kelly Simonson (she/her): And some centers are better than that, than others. I'm gonna find... hold on one second, there's a thing where I have...

Kelly Simonson (she/her): this resource... I think it's Project Heal? No.

Kelly Simonson (she/her): I'll find it and get it to you, but there's a resource, where this organization has ranked every residential treatment eating disorder for eating disorders on gender-affirming.

Allison Puryear (she/her): Oh, wow.

Kelly Simonson (she/her): And so you get a score.

Allison Puryear (she/her): Amazing.

Kelly Simonson (she/her): Damn.

Kelly Simonson (she/her): It'd be even more amazing if I could find it.

Kelly Simonson (she/her): Oh, yeah, it's called the Fed Up Collective, and it's an accessible eating disorder treatment scorecard.

Kelly Simonson (she/her): So if you look up Fed Up, it's all one word in capital, collective. You can find it. So I think that's a piece. I think just acknowledging that being queer in this...

Kelly Simonson (she/her): culture can be stressful and can contribute to things is certainly important. All the trans pieces that we talked about earlier, and I guess, like, any of the queer pieces of, like, why it might be hard for you to love your body.

Kelly Simonson (she/her): I think those pieces are important in adjusting our expectations, you know?

Kelly Simonson (she/her): Yeah.

Allison Puryear (she/her): Yeah, I'm thinking about how...

Allison Puryear (she/her): when I was in residential treatment, this is more the neurodivergent piece, but when I was in residential treatment, I remember...

Allison Puryear (she/her): Gosh, this was back in the early aughts.

Allison Puryear (she/her): And... or mid-aughts... early aughts. And...

Allison Puryear (she/her): it was like, oh, you have ADHD and you restrict, we need you to get off your meds.

Kelly Simonson (she/her): Yes!

Allison Puryear (she/her): And, like, thinking is that now?

Allison Puryear (she/her): wholly setting.

Kelly Simonson (she/her): people...

Allison Puryear (she/her): up to fail.

Allison Puryear (she/her): Like, people who, like, cannot, literally cannot do the things that people around them can do, and we're talking to them about valuing themselves, and taking

good care of themselves, and then we are taking away the thing that has made that possible for them, maybe since childhood.

Kelly Simonson (she/her): And allows them to sit still through hours and hours and hours of group therapy.

Allison Puryear (she/her): Yeah.

Kelly Simonson (she/her): And be able to take it in, and not just focus on the thing flapping in the corner, like, from the air conditioning vent. Plus, a lot of my clients talk about, like.

Kelly Simonson (she/her): this sort of bonus piece with ADHD meds, that it helps a little bit with some of the emotional regulation.

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

Kelly Simonson (she/her): And that they don't feel as extreme. And, you know, that could be for lots of reasons. Maybe because it's taking away some of the,

Kelly Simonson (she/her): overstimulation, maybe because then they are able to be more capable of doing the things they know they can do, so don't feel as bad internally.

Kelly Simonson (she/her): for some folks, I've had them talk about it just reduces the shame voice, the, like, you're not good enough, you're a lazy piece of shit voice. You know, and so, yeah, like, taking those meds away.

Allison Puryear (she/her): Yeah. Yeah. And, like, I think about, like, Dr. Barkley, who's an ADHD expert, has said, like, so many times that ADHD is, like, a terrible name, obviously. That it's not an attention deficit disorder, it's actually more of an emotion regulation disorder.

Allison Puryear (she/her): And so, here you've got somebody learning to regulate their emotions.

Allison Puryear (she/her): Like, their emotion regulation has gotten so bad.

Allison Puryear (she/her): That they ended up in residential treatment, because they were bandaging it the only way they knew how, and you take away one of their primary coping mechanisms that, neurobiologically, they need in order to, like, even be at the baseline that sucked, right?

Kelly Simonson (she/her): And... Even if... even if you're, like, what they...

Kelly Simonson (she/her): they have to learn to identify what their hunger fullness cues are, they have to eat like everybody else in the residential treatment. That's not actually accurate,

because when they leave and go back on those ADHD meds, and they're not hungry until 4 o'clock when the meds wear off.

Kelly Simonson (she/her): they still have to learn to set an alarm, and eat at 8, and at 11.30, and at 2, because they're gonna crash at 4 o'clock. And part of our work with our clients is, like.

Kelly Simonson (she/her): I know we're trying to talk to you about being more aware of your hunger and fullness cues, and in this case, you don't have a hunger cue, but you have to eat anyway. Sorry!

Allison Puryear (she/her): Right, right.

Kelly Simonson (she/her): So, like, I know I'm talking out of both sides of my mouth, but here it is.

Allison Puryear (she/her): Yeah, and I mean, I even have to do that with my kid with ADHD who doesn't have an eating disorder. She's like, I'm just not hungry, and I'm like, sorry, it's eating time. Yes, exactly. Like, your body needs fuel.

Kelly Simonson (she/her): That's part of what they have to learn to... to be successful in.

Kelly Simonson (she/her): the world. And so, yeah, taking that... Out. It's... it's just nutty.

Allison Puryear (she/her): You know? Yeah, yeah. But I do think that, like.

Kelly Simonson (she/her): The pieces of, like, a... What we used to say about clients who just were treatment-resistant, you know, or...

Allison Puryear (she/her): would just melt down for no reason, or have a tantrum and be manipulative. It's like, well...

Kelly Simonson (she/her): there were probably lots of other factors that were going on around emotional regulation that was not under their control. Right. You know? And I think that we've gotten better in general around sensory stuff, you know?

Kelly Simonson (she/her): I know in my practice, like.

Kelly Simonson (she/her): We... we tend to focus on folks who are neurodivergent.

Kelly Simonson (she/her): There are Squishmallows everywhere, there are fidget toys, every possible place you look, there are soft textures and soft lighting and, like, plants everywhere, you know, like, there's these home... there's a real hominess.

Kelly Simonson (she/her): That allows people to, like, settle in,

Kelly Simonson (she/her): You know, some of our clients, like, sit on the floor, and some have floor pillows, and, you know, just...

Allison Puryear (she/her): this idea that you don't have to sit and do therapy in a certain very rigid, like, structured way.

Kelly Simonson (she/her): can be very helpful, you know, that we can color while we're doing therapy, or do a fidget, or do these things that help engage part of your brain, so that the rest of the emotions and

Kelly Simonson (she/her): talking and everything else can also happen. That it's not instead of, it's actually to facilitate these things.

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

Kelly Simonson (she/her): But I think before, it was seen as distraction, and you weren't doing the work.

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

Kelly Simonson (she/her): You know, if you're doodling or coloring.

Kelly Simonson (she/her): In group, you weren't paying attention.

Kelly Simonson (she/her): And it's like, no, I need to do this to pay attention.

Allison Puryear (she/her): Right.

Allison Puryear (she/her): Yeah, I remember it was allowed in residential treatment that people could, like, knit or crochet.

Kelly Simonson (she/her): Oh, yeah.

Allison Puryear (she/her): And, like, I mean, that's pretty progressive for the early odds, at least we had that right there. But, like, I mean, it's like everybody learned how to crochet. Yeah. Everybody on the unit, because it was, like, it was genuinely helpful for people to pay attention.

Kelly Simonson (she/her): Yeah.

Allison Puryear (she/her): And, and, like.

Kelly Simonson (she/her): And it's another stem!

Allison Puryear (she/her): Yeah, and our folks will eat.

Kelly Simonson (she/her): Acceptable STEM.

Allison Puryear (she/her): Yeah. Our folks with eating disorders really like a rhythmic movement, in general.

Allison Puryear (she/her): That's part of, like, like, chewing, you know, like, for folks... I think back on, like, you know, for folks with binge eating disorder, or folks who binge in general, like.

Allison Puryear (she/her): can we introduce a different rhythmic activity? It was something I was taught long ago, that I'm like, how did we not realize? This is stimming, this is, like, this overlaps something.

Kelly Simonson (she/her): A lot.

Allison Puryear (she/her): Hmm?

Kelly Simonson (she/her): Yeah, and it's the piece, like, one of my,

Kelly Simonson (she/her): There's a great resource, it's called,

Kelly Simonson (she/her): neurodivergentinsights.com. It's a... it's a psychologist who writes about all these different neurodivergent insights and does great, like, infographics and that kind of stuff, but one of my favorite... she does, Misdiagnosis Mondays.

Kelly Simonson (she/her): And so she will do all these VIN diagrams of, like, things and how they go together, and it's a great resource.

Kelly Simonson (she/her): But my favorite VIN diagram is she did ADHD, autism, and OCD over there.

Kelly Simonson (she/her): And there's this huge, like... I don't know what that shape thing is in the middle, right?

Allison Puryear (she/her): Huh.

Kelly Simonson (she/her): There's just so much overlap between these three neurodivergent issues. And I always joke, like, if you take that, you just slap a big rainbow flag right on top.

Kelly Simonson (she/her): Because there's just this, like...

Kelly Simonson (she/her): Correlation, you know, certainly not going to talk about causation, but there's a high correlation.

Kelly Simonson (she/her): Between queer folks and those things, and particularly gender.

Kelly Simonson (she/her): And those things. I don't know why. I wish I knew why. I have no idea. You know, I have ideas, but...

Kelly Simonson (she/her): You know, and so I just think it's...

Kelly Simonson (she/her): important to acknowledge that, you know? So no matter what you're... if you're coming at it from a newsletter, or a neurodivergence, or a queer therapist lens.

Kelly Simonson (she/her): You've gotta be looking for the other... 2.

Kelly Simonson (she/her): Just because it's a high overlap.

Allison Puryear (she/her): Yeah, absolutely. Yeah. So, like, let's look at...

Allison Puryear (she/her): the overlap of queer, neurodivergent folks with eating disorders. When you've got all three in the mix.

Allison Puryear (she/her): What are considerations that we really need to be on top of?

Kelly Simonson (she/her): I guess, one, just, like, making sure you're a safe place, and, like.

Kelly Simonson (she/her): Reassuring them over and over again that you're a safe place, and, like, getting feedback from them of...

Allison Puryear (she/her): What can make me feel more safe, you know?

Kelly Simonson (she/her): And just recognizing that... that safety is going to be an issue.

Allison Puryear (she/her): Yeah.

Kelly Simonson (she/her): for all those groups, right? Like, are you a safe person? Can I unmask? Can I be real? You know, choose your... choose your language, right?

Allison Puryear (she/her): And real quick, because saying, like, I'm a safe space, you can be yourself with me, is not the way to create a safe space. So, like, what are some examples of, like, how you show your clients that whatever they want or need to express is welcome?

Kelly Simonson (she/her): I... I think for... for us, like, having... having the physical environment be one that...

Kelly Simonson (she/her): That, like, we have... that we have fidgets, we have floor pillows, we have these things that indicate that maybe you don't just sit

Kelly Simonson (she/her): quietly on the couch. I think that those things help,

Kelly Simonson (she/her): I think some of it's even just that knowledge of, like, when they talk about something, and you're like, oh yeah, like, you're just stimming, right?

Allison Puryear (she/her): Hmm?

Allison Puryear (she/her): Yes.

Kelly Simonson (she/her): And, like, sort of labeling and acknowledging it for them, or if they're doing a STEM behavior in session, you're not like, what are you doing? What is that? Like,

Kelly Simonson (she/her): Or even just saying, like, if you need to...

Kelly Simonson (she/her): I guess I don't say if you need to stim, you have to, but, like, I think there's ways you just...

Kelly Simonson (she/her): sort of treat it, like, okay. How else do I create safety? I mean, definitely, with the queer stuff, there's basics, like...

Kelly Simonson (she/her): I mean, I hate to say this in 2025, because it feels so basic, but look at your paperwork!

Kelly Simonson (she/her): your paperwork? Like, are you using phrases and asking about identities in a way that's affirming? It's shocking to me how much that still is not done.

Allison Puryear (she/her): Yeah. Preferred pronouns? No. Don't put pronouns.

Kelly Simonson (she/her): I'm confused.

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

Allison Puryear (she/her): What are your pronouns?

Kelly Simonson (she/her): this.

Allison Puryear (she/her): Because I remember that was, like, a big thing we changed in our paperwork back when we were working, which was, you know, a good first step. But we know better now, that it's not just like, oh, which do you prefer? It's like, who are you?

Kelly Simonson (she/her): Yeah.

Kelly Simonson (she/her): Yeah, and using that name.

Allison Puryear (she/her): Thank you.

Kelly Simonson (she/her): And, if you're in a bigger practice, teaching your staff.

Allison Puryear (she/her): Yes.

Kelly Simonson (she/her): Because if you're in a big practice and you have an admin person, they need to be as respectful, as mindful about names and pronouns as the people behind the door. Because if they're not as respectful, those people will leave.

Allison Puryear (she/her): Yeah, absolutely. I mean, what an awful experience to be deadnamed.

Allison Puryear (she/her): Like, as you're going to therapy for the first time.

Allison Puryear (she/her): No thanks!

Kelly Simonson (she/her): Yeah, so what else helps? I mean, we have simple things like, you know, we have...

Kelly Simonson (she/her): pride flags around, or we... we have rain... we just have a lot of rainbow decor.

Allison Puryear (she/her): You've got a rainbow necklace on right now.

Kelly Simonson (she/her): I have our rainbow necklace on, we have a lot of, like.

Kelly Simonson (she/her): Trans color kind of stuff.

Kelly Simonson (she/her): What else, though? But there's more to it than that, obviously. I think, really, just, like.

Kelly Simonson (she/her): knowing the language sometimes just helps. Like, having a little bit of information, either about queer culture or about neurodivergence, and, like, throwing in some of the language, like STEM, right?

Kelly Simonson (she/her): How do you stimulate yourself with that?

Allison Puryear (she/her): Right.

Kelly Simonson (she/her): Or, time blindness, right? Like, time blindness is one that comes up a lot with, especially ADHD, but with autistic folks, too. And I love that term. Like, I love that term, you know? And clearly, like, neurotypical folks can have time blindness, too, but much less frequently.

Allison Puryear (she/her): Right.

Kelly Simonson (she/her): And less sort of intense.

Kelly Simonson (she/her): You know, so I think, like, finding those words, throwing out those words can be helpful.

Allison Puryear (she/her): Well, I'm thinking, too, about that, like, ADHD client who's consistently, like, 5 minutes late.

Kelly Simonson (she/her): Dust!

Allison Puryear (she/her): 10 minutes late, and not...

Kelly Simonson (she/her): She and a therapeutic issue.

Allison Puryear (she/her): Right, and just being like, oh, like, you were a time optimist today, huh? You know, like...

Kelly Simonson (she/her): Yes!

Kelly Simonson (she/her): Yes, because I think... Historically, that would have been a thing to process.

Kelly Simonson (she/her): You're not prioritizing therapy, you aren't respecting my time, you're not respecting yourself. It's like, no, I can't get my shit together to get anywhere on time. It's not about you. Right.

Allison Puryear (she/her): Right.

Kelly Simonson (she/her): You know, I'm either 30 minutes early, or I'm 5 minutes late. There's no delaying.

Kelly Simonson (she/her): Yeah.

Allison Puryear (she/her): Yeah.

Kelly Simonson (she/her): And I do think having that flexibility, knowing that, maybe sometimes joking about it.

Kelly Simonson (she/her): But just acknowledging it is really helpful.

Allison Puryear (she/her): Yeah, I'm thinking, too, about, like, folks who are used to working with neurodivergent and queer folks, but maybe not as used to eating disorders.

Allison Puryear (she/her): And one of the terms that I... like, I hate to give GLP-1s credit, but I think that they have really, like, people know the expression food noise now.

Kelly Simonson (she/her): Correct. Because of them, and so, like...

Allison Puryear (she/her): Asking about food noise.

Allison Puryear (she/her): And, like, even just knowing that term can help them if they have an eating disorder, or if they're a part of, like, the disordered eating world.

Allison Puryear (she/her): It... it makes them feel safe to talk to you about food and body stuff.

Kelly Simonson (she/her): It does. And that term is really difficult, because...

Kelly Simonson (she/her): Is it... this is that distinction between, to me, sort of similar to the disordered eating or eating disorder. Like, is it food noise, and it's excessive, and it's in your head all day long, or is it just food cues?

Allison Puryear (she/her): Right, exactly.

Kelly Simonson (she/her): I'm kidding.

Allison Puryear (she/her): Tucker is.

Kelly Simonson (she/her): Like,

because it's actually not normal to go 8 hours and not feel hungry.

Allison Puryear (she/her): Right, right. But if it's, like, food noise all day long, you know, like a lot of our folks with eating disorders experience, then...

Allison Puryear (she/her): Or, even the interpretation of, like, yeah, I get food noise when I've been fasting for 12 hours, you know, then that also gives you.

Kelly Simonson (she/her): information.

Kelly Simonson (she/her): Correct.

Kelly Simonson (she/her): Yeah. Yeah.

Kelly Simonson (she/her): Yeah.

Allison Puryear (she/her): Yeah, I think that, like, that overlap of these three is so much more common than... Any... one specialty.

Allison Puryear (she/her): nose.

Allison Puryear (she/her): And you know I love a niche. You know I love a niche, but I don't want us to get so deep into our one niche that we don't catch

Allison Puryear (she/her): the overlap.

Allison Puryear (she/her): And, you know, if, like Kelly, you want to have a practice that specializes in neurodivergent queer folks with eating disorders or disordered eating, then, like, hot damn, you'll get full, because...

Kelly Simonson (she/her): We're full.

Allison Puryear (she/her): Yeah.

Kelly Simonson (she/her): And I think the other... yeah, because I'm so with you, I love a niche, I believe in a niche really intensely, and all three of these together actually is a niche.

Allison Puryear (she/her): 100%.

Kelly Simonson (she/her): And I'm gonna tell you, so the things that we say we specialize in, we always say those first three. Queer folks, neurodivergent folks, eating disorders.

Kelly Simonson (she/her): Then, you gotta throw in, because there's a high correlation,

Kelly Simonson (she/her): diverse relational styles? So.

Allison Puryear (she/her): We weren't.

Kelly Simonson (she/her): Tons and tons of poly folks, and folks in the kink community.

Kelly Simonson (she/her): because, again, STEM, you know, different stimulations. And then, because we're in the South, religious shame and religious trauma.

Kelly Simonson (she/her): Yep. You know, and they just kind of stack right up, and so, while I do love an ish.

Kelly Simonson (she/her): It's like a crevice of... it's a deep niche that has a lot in it, you know?

Allison Puryear (she/her): Yeah.

Kelly Simonson (she/her): They all overlap, and often you get in somebody for one.

Kelly Simonson (she/her): You're talking about the religious trauma, and then you're like, oh yeah, part of that is sexual, and you've been shamed for all these other things, and then, oh, and then now you're not eating, and then, you know, like, you just.

Kelly Simonson (she/her): It all overlaps.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): Yeah.

Kelly Simonson (she/her): And I think it's...

Allison Puryear (she/her): Like, it's just such a gift to the community to have a place that they know will accept them.

Kelly Simonson (she/her): Yeah. You know?

Kelly Simonson (she/her): I appreciate that.

Allison Puryear (she/her): Help them through those hard parts.

Kelly Simonson (she/her): Yeah, that's actually a lot, like, I appreciate you saying that, but that is a lot of the feedback we get. A lot. You know, both from our referral sources.

Kelly Simonson (she/her): Of, like, I know I can send anybody with an eating disorder to you, or anybody who's neurodivergent to you, or anybody who's queer to you. Like, that always feels like a gift when I hear that.

Kelly Simonson (she/her): And our clients say it, too. You know, they're like, oh, I know, we're safe here, like, and...

Kelly Simonson (she/her): And I think for us, we know that because we have so many referrals from our own clients.

Kelly Simonson (she/her): Which, in a small town, creates its own...

Kelly Simonson (she/her): struggles that, you know, we're seeing everybody's... you know, and they're all poly, right? So it's like, I'm seeing this person's partner, and you're seeing this part of the couple, and you're seeing this best friend, and, you know, like...

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): The group practice becomes this interesting, like, polyhub. Yeah.

Allison Puryear (she/her): Whatever works, right? Like, I mean...

Kelly Simonson (she/her): That's fine. We have boundaries. We have boundaries, we're good.

Allison Puryear (she/her): And helping everybody else with theirs, too, so everybody gets to be healthy.

Allison Puryear (she/her): Yeah. Yeah. Amazing. Okay, is there anything that we haven't talked about that you feel like

Allison Puryear (she/her): If we hung up the call right now, you'd be like, oh, damn.

Allison Puryear (she/her): I didn't say this.

Kelly Simonson (she/her): Let me think...

Kelly Simonson (she/her): No.

Allison Puryear (she/her): Okay, nice.

Allison Puryear (she/her): We did a good job then.

Kelly Simonson (she/her): We did, we did. That's helpful to cover all that.

Allison Puryear (she/her): Yeah, awesome. Well, folks.

Allison Puryear (she/her): I hope that this is helpful. If you're like, a lot of this made sense to me, but I'm not sure about the poly thing, we do have a training on ethical non-monogamy that.

Kelly Simonson (she/her): Sorry.

Allison Puryear (she/her): I really, really... I learned a lot, like, I'm not a noob to, like.

Allison Puryear (she/her): the poly community. I'm not personally a part of it, which I think is why I learned so much, and I was like, oh wow, this is a great conversation, so listen to that one, too. Nice. And we have other eating disorders and neurodivergent conversations, so yay! Thank you so much, Kelly!

Kelly Simonson (she/her): You're welcome, thank you!

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