Eating disorders have the highest mortality rate of any mental illness. The mortality rate is related to medical complications from the disorder and a significant percentage is due to suicide. Suicidal behavior has emerged as an issue of critical concern in the treatment of eating disorders over the past decade. This presentation will discuss the trends in suicide rates in this country and the current research with eating disorder patients and suicide. This presentation will also focus on assessment of suicide when working with individuals with eating disorders.

Participants will learn how to assess a specific patient according to the patient’s own particular baseline for suicidal ideation as well as assessing the patient in comparison to other patients in their current practice. These two types of assessment help the clinician make a more effective decision on immediate treatment intervention when meeting with a patient presenting with suicidal ideation. All clinicians who are treating patients with eating disorders must be well versed in the serious risk of suicidal behavior, and suicide, in this population. This presentation will assist clinicians in feeling more competent in assessment and documentation.

Living with type 1 diabetes is complicated enough, but then throw in a dual diagnosis of an eating disorder, and the management of the two becomes tricky. Eating disorders paired with diabetes can be a life-threatening combination. Quinn
will discuss her personal journey of seeking recovery, and how healthcare professionals can help guide and support their patients who present with both a chronic illness and an eating disorder.

Outline for Suicide and Eating Disorders: What Clinicians Need to Know:
A. Eating disorders have the highest mortality rate of any mental illness (Pisetsky et al. 2013)
   1. Suicidal behavior has emerged as an issue of critical concern in the treatment of eating disorders over the past decade (Arcelus, J. et al. 2011).
   2. This presentation will discuss the trends in suicide rates in this country and the current research with eating disorder patients and suicide.

B. This presentation will also focus on assessment of suicide when working with individuals with eating disorders.
   1. Participants will learn how to assess a specific patient according to the patient’s own particular baseline for suicidal ideation as well as assessing the patient in comparison to other patients in their current practice.
   2. These two types of assessment help the clinician make a more effective decision on immediate treatment intervention when meeting with a patient presenting with suicidal ideation.

C. All clinicians who are treating patients with eating disorders must be well versed in the serious risk of suicidal behavior, and suicide, in this population. This presentation will assist clinicians in feeling more competent in assessment and documentation (Stein et al., 2004).

Outline for Eating Disorders & Type 1 Diabetes: A Complicated Relationship:
1) Describe what life is like for an individual living with Type 1 diabetes.
2) Reasons why people with Type 1 diabetes are more at risk for eating disorders.
3) Describe the events that occurred to make the switch in thinking between being a victim or a victor with life with ED-DMT1.
   b. Describe how recovery is a daily decision that needs to be made with Type 1 Diabetes and an eating disorder.
4) Unique challenges for a person who has Type 1 diabetes and an eating disorder.
5) Compare and contrast different medical professionals and the approaches they use in interacting with patients, and how those can affect one’s life care with ED-DMT1.
6) Describe the 5 best communication styles when talking with patients living with diabetes.

- Question and Answer
Format: Presentation

Date: September 19, 2019

Time: 8:00am -12:00pm

Presentation Length: 3 Hours

Type: Lecture, interactive with Question and Answer

Training For: Staff of Hospitals, Medical Centers, Mental Health Clinics: General Medicine Physicians, Psychiatrists, APRN’s, Psychologists, Counselors, Dietitians, Nurses, Mental Health Technicians

Presenters: Nicole Hawkins, PhD, CEDS and Quinn Nystrom, MS, Founder/President - Qspeak and Center for Change National Diabetes Ambassador

Presentation Title: “Suicide and Eating Disorders: What Clinicians Need to Know” and “Eating Disorders & Type 1 Diabetes: A Complicated Relationship”

Brief Description of Presentation:
Eating disorders have the highest mortality rate of any mental illness. The mortality rate is related to medical complications from the disorder and a significant percentage is due to suicide. Suicidal behavior has emerged as an issue of critical concern in the treatment of eating disorders over the past decade. This presentation will discuss the trends in suicide rates in this country and the current research with eating disorder patients and suicide. This presentation will also focus on assessment of suicide when working with individuals with eating disorders. Participants will learn how to assess a specific patient according to the patient’s own particular baseline for suicidal ideation as well as assessing the patient in comparison to other patients in their current practice. These two types of assessment help the clinician make a more effective decision on immediate treatment intervention when meeting with a patient presenting with suicidal ideation. All clinicians who are treating patients with eating disorders must be well versed in the serious risk of suicidal behavior, and suicide, in this population. This presentation will assist clinicians in feeling more competent in assessment and documentation.
Living with type 1 diabetes is complicated enough, but then throw in a dual diagnosis of an eating disorder, and the management of the two becomes tricky. Eating disorders paired with diabetes can be a life-threatening combination. Quinn will discuss her personal journey of seeking recovery, and how healthcare professionals can help guide and support their patients who present with both a chronic illness and an eating disorder.

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   b. Describe how recovery is a daily decision that needs to be made with Type 1 Diabetes and an eating disorder.
4) Unique challenges for a person who has Type 1 diabetes and an eating disorder.
5) Compare and contrast different medical professionals and the approaches they use in interacting with patients, and how those can affect one’s life care with ED-DMT1.
6) Describe the 5 best communication styles when talking with patients living with diabetes.

Learning objectives for Suicide and Eating Disorders: What Clinicians Need to Know:
Based on the content of the workshop participants will be able to:
1. Recite the current statistics related to suicide in this country.
2. Describe the risk factors and protective factors when working with suicidal patients.
3. Able to discuss why clients suffering with eating disorders have a higher risk for suicide.

Learning objectives for Eating Disorders & Type 1 Diabetes: A Complicated Relationship:
Based on the content of the workshop participants will be able to:
1) Describe the complicated relationship with a person who is diagnosed with ED-DMT1.
2) Describe five communication styles to use when talking with a patient with type 1 diabetes and/or an eating disorder.
3) List various ways that aid in someone’s success and increased self-efficacy when managing ED-DMT1.

Professional Peer Review and Clinical Text Resources and Citations for Suicide and Eating Disorders: What Clinicians Need to Know:

Professional Peer Review and Clinical Text Resources and Citations for Eating Disorders & Type 1 Diabetes: A Complicated Relationship:

1) There Is a Missing Ingredient in Diabetes Care Today, Aus Alzaid, MD, 2014
2) Social Learning Theory, Albert Bandura, 1977
3) Comorbid Diabetes and Eating Disorders in Adult Patients, Cynthia Gagnon, Annie Aime, Claude Belanger, Jessica Tuttman Markowitz, 2012
4) The Diabetes Educator’s Role in Managing Eating Disorders and Diabetes, Patti Urbanski, Ann E. Goebel-Fabbri, Maggie Powers, and Dawn Taylor, 2009

Statement of possible risk:

It is possible that participants, as a byproduct of attending this training, will have an opportunity to look at themselves and apply principles into their own lives, as well as those they treat. Therefore, there is always potential that participants could experience a mild degree of emotional discomfort as they look in the emotional mirror in application of these principles in their own lives.