02 Interviewing Kevin Olmsted: What it Means to be a "Scared Dad Feeding"

Kevin Olmsted: It's so hard to figure out why your kid came to this. And the ultimate answer is. We can say it's genetic. You can say it's hereditary. You can say it was caused by social media. There's a great expression that says heredity loads the gun, environment pulls the trigger. But no one's to blame. It just happens. And how you react to it is the first lesson you go through.

Melissa Peruch: Hey everyone, welcome back to my program series restrictED in collaboration with ConnectoPod. In this episode, I interview Kevin Olmsted, who brings in the perspective of a father who confronted the unexpected realm of an eating disorder and became a scared dad feeding. Last episode, I spoke on my personal journey with an eating disorder and thought it was important to address some of the vernacular that will circulate throughout this series, specifically terminology related to different eating disorders.

Definitions can be found by Healthline Nutrition and Beat Eating Disorders, both of which are linked in the description. There exists a variety and spectrum of eating disorders that many are overwhelmed to hear due to the vague circulation of knowledge around the topic. Eating disorders are severe mental illnesses that are complicated on their own, but also oftentimes surface with other comorbidities namely OCD, depression, anxiety, body dysmorphia, and low self-esteem. Ones listed in the websites below include Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder or BED, Orthorexia, Pica, Rumination Disorder, and Other Specified Feeding or Eating Disorder or OSFED, which includes behavioral and temporal eating disorders like purging disorder and night eating syndrome. Kevin includes other terminology throughout the interview that is further defined in the description, along with his contact information. Thank you so much for joining us.

Quick disclaimer, throughout this series we will touch on triggering content, including discussions on weight, suicidal ideation, body dysmorphia, dieting, and depression. If at any point the content is harming your own journey toward recovery, please feel free to skip ahead. If you or anyone you know is suffering from mental health, there will be a list of resources down below in the description.

Melissa Peruch: The first question I had for you today is, could you tell us a little bit about who you are and your relationship encountering an eating disorder? Just a brief summary of your experience as a parent.

Kevin Olmsted: I'm Kevin and I was pretty much raised in Northern California. About 32 years ago, I met a girl at Berkeley and she was being my girlfriend for a while and now she's my wife 32 years later. Pretty much other than living a little bit in Europe. Been a northern California guy most of my life, proud Cal alum, but anyways, so my wife and I had our first kid in 2001.

We had a son and then we had our daughter in 2004. All the while my wife's been in technology and I was always in the wine business. And, while I was very into wine academically, I, I really developed a career, uh, in sales. And so, um, kind of balanced the business and the art and the passion of wine for many, many years.

And while my kids were growing up, you know, I had to travel a lot, but I also was very involved. I always, I call myself a sideline junkie, whether they're starting or the third string. I just love to be there early Saturday mornings to go to a soccer game and go in and get coffee and a muffin. And so you know, I feel

very fortunate. I feel very, very, very fortunate. My wife and I, you know, we've been able to make a nice life for our kids. We live in Northern California and, um, probably now just about five years ago, when our son was not struggling, but he was trying to get to the end of high school and he had some ADHD issues and we're thinking, oh man, this kid's going to be the hard one.

And we always looked at our daughter who was always on autopilot because she was a type A and she was a people pleaser and a rule follower and, um, just got everything done and was a starter on the soccer and lacrosse team. And she was just so fun. And she was my best friend. And just out of nowhere one day, this decline hit and she just, started becoming, separated and distant from us and really kind of a little dark and not friendly. And then out of nowhere, you start noticing the physical attributes of an eating disorder. The weight loss, the gauntness, the lack of color, and then it all kind of, you know, I talk a lot in metaphors and analogies, but she really almost became this like, this villain, this dark, just it wasn't her anymore.

And when you kind of slow walk into it, you have no idea what's going on. And there's none of these like, hey, heads up, eating disorder ahead. It hits you so gradually you don't understand. And before I knew it, my daughter was down about 30 pounds over 60 days and acting reclusive, acting evil, avoiding meals, avoiding us, being secretive. And it's easy to talk about in retrospect five years later, but at the time you're just so confused, you have no idea what's going on.

Melissa Peruch: Yeah. And so with that, I wanted to ask as a parent, what was your initial reaction to hearing the diagnosis anorexia nervosa? You, I've talked to you before and you mentioned that your daughter suffered with anorexia nervosa.

And I also want to ask you, how did this diagnosis come about? When did you figure out that this was the actual name for her eating disorder? What kinds of emotions came to you at that moment? And did you ever feel the need to blame anyone at the situation?

Kevin Olmsted: So, as I was saying, you're so confused about this lack of eating. In early summer generally is when you have to get signed off on for fall sports in high school and she's not eating and she's going through all of this, just rebelling. And acting out and all I can put it in context of is like, I just gotta get her to the doctor.

There's something wrong here. Oh, hey, under the guise of you gotta get signed off for fall sports, I'm gonna get you an early check up in June. That's gonna solve this. And unfortunately, the first doctor we went to, uh, this physician, didn't understand eating disorders. And so all this physician did was refer us to a dietitian, which still, until somebody tells you eating disorder, until somebody sits you down and sits you in the face with a frying pan and says, wake, up you're just kind of confused and thinking, well, she's going through something, there's something wrong, she's just acting out. And there's so much confusion through June and July, and it wasn't until, kind of mid to late July of five years ago, that, this dietician said you should go see this psychologist for like, okay, maybe that'll help. And we went into the first appointment with a psychologist one night on a Friday. And this psychologist took one look at my daughter. And just alarm bells were ringing in her head. And she said, I'm getting you in to see this physician tomorrow morning.

We said, oh, we've heard of her. We have an appointment in two months. And this psychologist said, nope, you're going tomorrow morning at eight. And somehow she got us in. We got to this physician's office. Our daughter was taken away from us. And we're sitting there and we don't know how or why this

is going to be different than any other physician and we're not thinking eating disorder because nobody ever told us.

It wasn't part of our vernacular, but it was like kind of getting promoted to the big leagues. Um, the doctor came out and got my wife and I after half an hour and took us into a room and just and right then and there is when it all just came broad clear. She said, your daughter's vastly underweight. She's medically unstable. Her life is at risk right now. Her weight is, incredibly low. Her heart rate is on the verge of us cracking her chest. And she starts talking about blood pressure and things like orthostasia and malnourishment. And I think what it is, is not that you're in denial, but maybe in the back of my head it's all been processing, processing, processing, and then she finally just said it all, and it came slamming through to the front, and it's, I mean, I'm an educated guy, I've been around the world a lot, it's not like I've never heard of anorexia, but that was a distant thing that I never really knew about. But, to be fair, until you know somebody with anorexia, or a drinking problem, or cancer, it's always something over there, and it's not yours. Yeah. And when that doctor said, by the way, I just called Stanford, they have a room available. You're taking her there today. From that moment of the discussion that our daughter walks into the room when she sat between my wife and I and looked at that doctor,

she had a look on her face and she didn't fight, she didn't argue, she didn't say anything. I think she just knew that this was the dawning, this was the reckoning. And this is where it's going to start, or maybe it's no longer going to end. And when the doctor said, you have anorexia nervosa, you need to be re nourished, you need to go to the hospital, your life does not start until you do all these things right now.

There was no fight. We drove to our house, we packed up, we didn't know. We just packed up some clothing and sweats and blankets and whatever. Got in the car and Stanford's about an hour from us and the whole time. And then it's kind of, you're in a fog and it's kind of like a dream. But I think the whole time, maybe I'm feeling more confident and happy. Like, wait, there's a name to this. Somebody at least told us what it is. And we got to the hospital, we go to the fourth floor. And it's almost like we're checking into a hotel and we got bags and where are we going?

And they immediately grabbed her, took her to the room, IV, heart monitor, sitting, and they started doing intake like we knew what was going on. And during this intake is when it hit me. I'm like, Oh shit, this is real. Like, this is a thing. Like, this isn't like, Oh, she's got the flu or she's got COVID. Like she's got a serious mental disorder and she could have died a week or two if we hadn't done anything.

And I don't think my wife and I ever got around to blaming or being angry or being resentful. We're very much the kind of people that are like, okay, accept, solve the problem and move forward. And I, I can still remember, on the fourth floor at Stanford hospital, when she's sitting in a bed and they have a nurse in there and they bring in a peanut butter and jelly sandwich. And the nurse is like, I need to be here for this. I'm like, be here for what? She's like the first snack. I'm like, what do you mean? And my daughter was shaking and crying while she put that peanut butter and jelly sandwich to her mouth. I think it took her half an hour. And that's really when it hit us.

Melissa Peruch: Yeah. That's rough. I think experiencing that from an outside perspective and watching those types of images play out. I think it's rough.

Um, but I think like you said, I find it interesting that I guess having a diagnosis and having a name to it is in a way somewhat comforting in the fact that you at least know that it is something and there is a name to it. and there is viable treatment options and ways for this to play out so that it doesn't end someone's

life. And so the next question I wanted to ask is, Experiencing this disorder the way that you did from an outside perspective, what do you think is the hardest part about developing and or conquering an eating disorder?

Kevin Olmsted: Oh, I've talked about this for years and years. I'm very involved with a lot of parent groups, not only for mutual support, um, I'm involved with a lot of caregiver support groups.

I've found dozens and dozens and dozens of families and parents and fathers that come to me for advice. I say all that to then say this answer. It's so hard to figure out why your kid came to this. And the ultimate answer is.

We can say it's genetic. You can say it's hereditary. You can say it was caused by social media. There's a great expression that says heredity loads the gun, environment pulls the trigger. But no one's to blame. It just happens. And how you react to it is the first lesson you go through. You can treat it, but you can't control it.

All you can control is how you react to it. And how you stay engaged with it, and how much you're willing to learn and spend the time and lean in and never give up. Unfortunately, as opposed to say, and I don't mean to make light of something that's deadly, say breast cancer. If the National Football League has an annual Breast Cancer Awareness Week where they all wear pink cleats, you have to think that they, there's an enormous regimen of research, treatment options, facilities, and doctors ready to tackle that.

Anorexia is one of the few disorders out there that there is no pill, there's no cast, there's no methodology that works stone cold. It's still very unfigured out, if you will. even having this conversation shows we're all still finding our way forward in the dark.

Melissa Peruch: Yeah. And with your work that you do with so many parents and families, and, I know you've talked on different podcasts before, have you seen like general trends within families, or things that they're trying to do that maybe might not be the most helpful in the situation?

Kevin Olmsted: So, whether I've seen the trends or maybe I've just been around long enough that I finally have a 40, 000 foot view, I'd say the following are pretty much dead on true. If you are medically at risk, um, and you need whatever refers to as a higher level of care, initially you've got to go to a hospital or you need to live in an inpatient facility that essentially forces you to eat to get you medically stabilized to get you refed to the point where your heart is no longer at risk.

So, while people hate residential, my daughter was in residential for two months. And it was awful. To this day, I think back of the day I dropped her off on that and it chokes me up and it kills me to think about. We've also rehospitalized her twice since residential, but so the basic trend is nothing matters if your kids health is at risk, even if you're getting an academy award this afternoon.

I don't care. You take your kid to the hospital. You take your kid to res. Beyond that,] I think there's been a much broader understanding and acceptance of FBT, family based treatment. Where you're treating it at home, um, with parents who are on board 24 hours a day, seven days a week, as opposed to try to rely on an outpatient program.

A lot of people try outpatient programs, they try virtual programs, but those are easy to ignore or skip. If you're doing it at home, whether with two parents, one parent, an aunt, a foster parent, FBT is still probably the most effective model. Having said that, there's now even more growth in the FBT model.

You're finding residential facilities that are saying, a kid will live with us full time, but then the parents will come all day and will train in FBT. UC San Diego has an amazing 10 hour a day outpatient program that teaches FBT while the kids are there being fed, yet the parents come and learn FBT.

The eating recovery center in Denver is a full time residential step down to PHP, but they come and train the parents in FBT. Kind of maybe then looking forward, um, on your trend thing. I think there's a couple of things coming down is one of them is across all mental disorders is the use of psychedelics and while they're talking about psilocybin and MDMA with people with PTSD and bipolar, there's already research being done at UCSF and UCSD to use those for kids with eating disorders, specifically anorexia and the best metaphor is if you're skiing in the snow and you always ski through the same ruts, you never get out of those ruts and get into powder.

Sessions with a trained, group with psychedelics can allow somebody with an eating disorder to get out of those ruts and ski in new directions and drop those old behaviors, beliefs and habits and then a really, really nascent but emerging trend that I'm seeing, is the concept of a mentor, a trusted ally who can guide somebody through this.

There's a very small industry out there, but it's incredibly effective where you will have a live in eating disorder coach come to your home. This usually is somebody who has recovered on their own and gone through years of training. And experience and they walk into your house and it could be for a month, two months, six months, and they live full time with you as a family, but they are that person that your child turns to who's not a doctor, not a psychologist, not there to treat that kid who's there to say, look, I'm kind of your full time live in life coach.

And there, there forms an alliance and a trust and a bond between a child and this live in coach that has nothing to do with oh, I have to go to another f'ing doctor. So, that's kind of a trend that I see kind of maybe coming down the line in the next 5 to 10 years, but it does exist now.

Melissa Peruch: By the looks of it, you have a very vast knowledge about treatment options and resources that are out there and I wanted to ask if you could touch a little bit more on residency and inpatient versus FBT and what those treatments are like, and, maybe pros and cons that you've personally seen from your personal experience.

Kevin Olmsted: So, uh, again, I think early on, if you're, if you're a caregiver, I don't want to just assume parents. If you're a caregiver for a person with an eating disorder, and this hits you first on, you're absolutely overwhelmed.

You're emotionally and you're educationally just so overwhelmed, you have no idea what to do. Not to mention then they tell you there's no pill for this. There's no thing. And sometimes the initial fear. Is well, who's gonna help me solve this? How do I outsource it? Where do I go hire the guy?

Where's the place that I buy the thing? And so what's nice about a residential facility is residential you usually have to qualify. You have to be a certain BMI height, weight and heart issues. Um, you can be too healthy for residential. But um, so in one sense, you're outsourcing it. You're saying I want my child to go

live somewhere full time where they're surrounded by experts who can then train me, but I don't have to live with it and not to say that you don't love or you don't care.

It is incredibly scary. You have no idea what the hell is going on. So residential is a way of outsourcing, but it's also a way to build a base. And I mean this truly. Any kid who has gone and lived in a res for any amount of time, no matter how long they're treated, at least they kind of went to boot camp too. They understand like, you know, I got to eat full time, six meals a day. I have to have my movement restricted. I have to have my actions looked at. I have to be accountable. They learn the ropes as a patient as much as the parents learn the ropes as a caregiver on what it takes to treat this. Plus they get a lot of education about what it means.

The step down from res. It's partial hospitalization or PHP. It's a daily outpatient or maybe you drop the caregiver drops the kid off, does breakfast at home, but gets dropped off for morning snack at 10. And then you pick them back up at seven. During that program, it's a little more learning and interactive.

They kind of help make their own lunch, plan their own snacks, make their own dinners, help to make it in a group setting with lots of therapy group sessions. And as a side note, you can imagine a bunch of bitter teenage kids with an eating disorder. The last thing they want to do is sit around with a bunch of other kids who have eating disorders and role play and talk about their problems.

So I would take res and PHP and then there's a very small subset called IOP. Which is maybe only three hours a day. Let's say you're like 90 percent recovered. You just need a little touchstone every day. I just need to go in after work or school for three hours and have somebody walk me through my dinner just to make myself feel like I got this.

So that in all sense is almost kind of the early stages or if you feel like you can't handle and you need to outsource this to somebody. Um, quite often the gold standard, FBT, family based treatment. No matter whether you're an alcoholic or a druggie or whatever, you can go from facility to facility, facility to group to group to group, and at some point, you've got to come home and live your life.

Anybody with any kind of mental disorder, you can't treat it until the end. At some point, patient has to embrace, understand, and acknowledge, and treat themselves, and walk away or find a way to deal with it. Family based treatment, there's nobody there who works for a living. It's not a nurse that's going home.

It's not a new physician every month. It's your mom and dad. It's your step parents. It's your older brother. Somebody who loves you 24/ 7 and is going to be there, and the whole time you're at home. By the way, at res, they take away your phone, you can't be on snapchat and tiktok, you can't be on instagram, so at least at home, you get your own bed, you get your phone, maybe you see your friends during the day, talk to the dog, watch tv with mom and dad at night, You also fight and have the greatest amount of battles with the people who love you the most during FBT, so while it's generally the most effective, it does bring up an incredible amount of conflict.

But then that's where so much of the caregiver support network that's developed the last few years is there to train the caregivers. There is a dichotomy between resident PHP and FBT. I also would see it as a continuum. And then in the middle in there, if somebody relapses, they can go off to a hospitalization, but that would be how I explain those two.

Melissa Peruch: Yeah. That's some great information. And I know there's like so many people that probably don't even know that these types of treatment options or facilities even exist.

What you said about the breast cancer awareness month and how there's certain awareness built around certain diseases and certain knowledge that's built around these types of diseases. I wanted to talk about how there's such vague knowledge about eating disorders, which is what you mentioned earlier. Why do you think that is and why do you feel it has been treated like taboo to talk about in a more general public lens?

Kevin Olmsted: It's kind of a $64,000 question, honestly. It's really just never had its 15 minutes of fame. I believe there's so much shame and secrecy around it.

So much embarrassment and a sense of control that either people are embarrassed to talk about it, they don't understand it, or nobody's going to know that my goddamn kid's got a problem, you know, that, that attitude and because it's misunderstood and they don't know the treatments. A lot of parents are like, honey, you'll be fine. Just eat more or yeah, you look skinny. You look fine. Um, and so that culture has been swirling for all of humanity and because it's so quiet and misunderstood, no attention is paid to it. So therefore, it remains quite misunderstood.

And so therefore, fake facts and fake knowledge show up. It's a girl only disease. It's a skinny girl disease. It's a rich girl disease. It's, you know, cause who do you see? You see models. You see famous people on TMZ. Nobody looks at the real life eating disorder kids in every community in America, every gender, every gender identity, boys as well.

What's happening right now, there's a upwelling finally, at least in my experience in the last five years of the shame and the secrecy starting to melt away. And the more people that are out loud and proud, the more people who host a podcast and talk about themselves and the more people who write books or the more people who join groups and talk to their friends and neighbors, it has to start as kind of at the groundswell and it's going to go up more and more. Even the, even the men's group I'm a part of, I'm a part of a group of fathers that get together every two weeks from around the world.

And those are dads who are like, I'm in trouble. I'm upset. I'm naive. I'm vulnerable. I'm going to cry. I have no idea what I'm doing. Can somebody please help me? That attitude didn't exist 5 to 10 years ago in the eating disorder community. And the more that I bring dads to it or dads bring me or dads bring other dads, then it becomes okay for dads to talk about this. And it's no longer just a little girl disease or a mom's talking about when they were younger disease.

Melissa Peruch: Yeah. And I agree with a lot of things that you said. And you did talk about like some of the stereotypes and biases that come up when talking about eating disorders, which leads into my next question about stereotypes. Some of the ones that I hear most often are the ones that you mentioned, like it's a girl disease, but also that it's a self inflicted disease.

So could you touch a little more on these stereotypes that you have encountered and give your insight on what eating disorders truly are and what they aren't to debunk some of the things that are being said.

Kevin Olmsted: So a lot of the stereotypes, um, I just wanted to be skinnier, so I ate less.

Um, I'm not really that sick. I'm vain. Um, I'm doing this to keep up with everybody else. The other stereotype is that you have to be skinny. Atypical anorexia is a very real thing. You could, you and I could look at a tremendous lineup of men and women, girls and boys. And I'll tell you the worst stereotype is the following expression.

You don't look anorexic. Everybody thinks you have to look anorexic, right? Anorexia is an eating disorder. If you are starving yourself, If you are harming your body through the restriction of food or the manipulation of food, even if it may not affect your appearance, you're not only very sick mentally, but you're compromised medically.

Your heart rate can still be awful. You can be orthostatic. You can be on the verge of needing hospitalization. So maybe the very first stereotype is you don't have to look like you have an eating disorder to have an eating disorder.

Eating disorders are mental disorders and they can germinate in a couple of ways. They can germinate as, let's just say, you physically start to overexercise and eat to diet. And as you diet and eat less and exercise more and you become malnourished, you get a little kind of, euphoric and unfortunately, you can kind of maybe turn the dial too far to get stuck and the euphoria creates a mental state that reinforces the activity. Um, then you can also have it start psychologically where usually through puberty, let's just say that a young boy or girl goes through puberty and starts to have ideas that they never had before and thoughts that they never had before and then they turn those thoughts and ideas into actions and then those actions become habits.

And then those habits reinforce what germinated normally as psychological. So you can have it start psychologically, manifest physically, you can start it physically and manifest sociologically. It's not to blame, nobody shamed them into it, um, nobody beat them into it. I mean, other than somebody who's a prisoner of war, nobody is forced into an eating disorder.

So those would be the kind of the stereotypes. And so that kinda leads into what you're asking, what they truly are and what they truly are not. They are a mental disorder and so you do have to treat them as such. There will take years and years of a lot of understanding and a lot of therapy, but it is a long road and usually you will have way more success receiving therapy or um, or understanding yourself once you're weight is restored, you have a higher level of nutrition for a longer period of time.

Your brain suffers if it doesn't have carbs and fat every day. Your body can't process certain vitamins and minerals without fat every day. You need to be re nourished for probably six to nine months until your whole body is, it's almost like a big data center or computer. It's all got to come back online. All the lights have to be flashing green. Everything's got to be working together. And at that point, that's when the years of therapy start and you can go through years of therapy and be healthy and be, um, you can be medically stable, but you're still working through your beliefs, your behaviors, your habits and your issues with food. What are they not? It's not a choice. It's not a lifestyle. It's nothing that anybody wants and it's nothing that anybody should be ashamed of.

Melissa Peruch: Yeah, yeah, I totally agree. You wrote a book about your experience titled, "Scared Dad Feeding," and it's on your website, which is going to be linked in the description of this episode. So, I wanted to ask what does that title mean to you and focusing on that parental lens, were there ever any moments where you felt you could have treated the situation better?

Kevin Olmsted: I've always kept a diary on my computer. I probably have the last 10 years. I was a lit major in college, but it doesn't really mean anything. I went into selling wine for a week. Um, I like writing. Always liked writing. Writing makes me happy. It's cathartic for me. It helps me work through processes. So as I was going through this with my daughter, I started journaling as a way to keep my sanity. And then the journaling became a little more, um, purpose driven.

And even I told my daughter about it, and she very early on said, you should write a book about all this. And so the entire book was written very much in the moments in the first year and a half. It's like I wrote it from the front lines while it was happening. And to this day, I stand by a thousand percent of it. I've evolved my thinking on some of it. I've come to learn that I was wrong on some of it. But it's out there to say, this is what it's like. Now, specifically to the title, it's probably the most, overt and in your face and yet, nuanced homage to Harriet Brown.

She wrote a book 14 years ago called Brave Girl Eating. And while I never meant to mimic it, I can remember one night sitting in the backyard, and I just remember saying, if she's a brave girl eating, I'm a scared dad feeding, because that was my entire identity, was I was just paranoid all the time, I was scared, I was crying, I was a mess, and all I did was feed this girl six times a day, I had no job, I stayed at home with a 14 year old girl my entire life was that.

God, the moments I could have been better. Again, losing my cool, um, trying to use logic with my daughter, or trying to get mad at her for being sick, because you just lose it. You know, you get to the end of your rope, you just get so tired, or you don't understand, or you're not educated enough, or maybe you've just been through it for too many days at a time, where I screamed at her once, I said, you know, I quit my job, I quit my career, I quit life, I quit humanity, so I could stay home with you.

And I remember saying that to her once on the way to the doctor and you know, there were just times when I wasn't my best because you just get so worn down. I also wish I wouldn't have had to drop her off at res or I wish I wouldn't have had to drop her off at the hospital a lot of the times because I would drop her off and walk out and cry because you don't want to do that to a little girl.

Melissa Peruch: Yeah, I think it's very difficult for both parties. I just think compiled from a zoomed out version, it's just a very unfortunate situation. And I think it's just easy to get boiled up inside as a parent. You're trying so hard to get this person to wake up and notice the reality of things.

And it's just so hard for the other person to do it. But I think no one is to blame in a situation where you are left to fight together, but there's so little knowledge to bridge that gap. But as a parent, I wanted to ask for all the parents out there that are listening to this podcast right now, or people that are guardians or have family members that they know are suffering with an eating disorder, could you offer some words of wisdom of things they should consider doing or actions or comments that would be harmful to recovery? Like some basic maybe do's or don'ts that could be helpful?

Kevin Olmsted: The first thing I say to any parent is step one, what's the state of your child's health? Are they medically compromised right now? Regardless of what treatment you think you're going through or helping them, is their heart rate, is their blood pressure stable and in a safe range?

Are they orthostatic? Check the blood work, um, to make sure they're not purging. You can see the lack of electrolytes in that. For young women, what's their iron level? Let's make sure they don't become iron

deficient. For young women, you want to do something called a DEXA scan because you can lose bone density and osteoporosis is an incredibly high risk in women.

Again, I know this is very female focused. Has your daughter lost her menses? Um, do you see additional hair growth on their body because they have so low fat, the bodies is too cold. My point is step one, is your child medically at risk? And if your child is medically at risk. Get them to a hospital, get them to a residential program.

And now the first step is to make sure they live, make sure they do not starve themselves to death, make sure that they are not so overwhelmed that they commit suicide because there is a lot of self harming and eating disorders, specifically anorexia have the highest mortality rate of any mental disorder ever diagnosed because they either starve themselves to death or they're overwhelmed and they kill themselves.

Number two, find community, reach out, ask questions, get educated. Don't try to do it on your own. Find an eating disorder physician, find an eating disorder program at a hospital and start asking everybody there, who are my local resources?

My next piece of advice is you have to think about treating this as a treatment team. You need a physician who understands eating disorders. You need a psychologist who is fluent in not only eating disorders but hopefully FBT.

You need a psychiatrist, and this is not up for debate, but I understand where this is going to go. Medication can play a huge role in helping somebody with an eating disorder. There's a lot of medications that can lower the anxiety, that can, that can lower the barriers to allowing a child to eat and eating is medicine. And we can all debate medications and vaccinations and that's fine. But get a psychiatrist involved. Get a registered dietitian involved. It's very easy for people to call themselves a nutritionist. A registered dietitian is somebody you want to have involved. They can help you meal plan and understand density of fats and proteins. And maybe at the end you can also find maybe a mentor, maybe a coach.

Um, the things you don't really don't want to do is Don't fall victim to the stereotypes. If you don't see it, it didn't happen. You have to inspect what you expect. Don't say, oh, he ate lunch at school. No, he didn't. He had lunch in his room. No, he didn't. If you didn't see it, it didn't happen. If your kid's over 18, you need to get releases of information. If they're under 18, you need to get the report from the doctor every time they go in or you go in with them. You can't be angry at your kid. You can't blame your kid. You cannot blame yourself. You cannot blame yourself. It sucks. And you're all in it together. But just know that there is a world out there of treatment of people of communities and processes that can help you.

If you, as a caregiver are so overwhelmed, you can't help your kid, go for a walk, take a day off and have somebody help you. Treating this disease is incredibly expensive and resource intensive. Um, you need insurance, you need time off, um, drugs cost a lot of money and a small piece of advice I give people is there's the Federal Medical Leave Act. Where you can get eight to 12 weeks off paid, um, where you can stay home with your child, that's a great option for parents who are working.

Melissa Peruch: Yeah. And I think people will find that helpful. I think it's very important that people are aware of the actions that they can take and some of the things that won't be as helpful. My final

question is, finally as a dad, but also as a human being, what is your advice to those struggling with an eating disorder? What do you want listeners to take away, and what do you want them to know?

Kevin Olmsted: If you're struggling with an eating disorder, it's not your fault. You need to find a reason that you want to get away from that eating disorder. It's so comfortable and it's a safe identity for you. You go back to it because it's what you know. It's what you think makes you special. Know that you're special for a lot of other reasons and your body is worth respecting and honoring.

And you want to fuel that body and grow old and live a long, long life. 90 percent of socializing in this world is going out to dinner, going to your friend's house, going to the farmer's market. You can be a functioning drug addict or a functioning alcoholic and kind of get by in life. You cannot be a functioning starve yourself person. Find a reason to love yourself.

For anybody who's listening to this, I self published a book with my name on it and I put my website in the back for a reason. If you have a question, I'm not saying I can, I can cure your problems. I'm not saying I'm going to solve and help you heal your child. But if you have questions, give me a call. Um, I'm just happy to pay it forward or pay it back. And give advice and give direction to anybody.

The last thing I'll say is, uh, as awful as this has been, I like the person who I am five years later. It's not that I didn't like who I was five years before, but obviously I'm changed. I like who I've become and I like the people I surround myself with and I like what I do. So anybody has any questions, you'll probably put my contact info up there. I'm happy to help.

Melissa Peruch: Yeah, perfect. And just some closing remarks, if you could share an update about where your daughter is right now and where your family currently stands.

Kevin Olmsted: So most of the book was written in 2020, flash forward to 2024. Um, she graduated high school in 2022 in an absolute tailspin, complete spiral. I mean, she went into a relapse and this, we barely got her across the graduation stage in 2022. Uh, we had to move to San Diego for most about four and a half months in the summer of 2022 for the UC San Diego outpatient program just to stabilize her, um, and getting her on that plane was an act of Congress, but we got her stabilized in through the fall of 2022.

And then we were able to find, come across a new treatment team and, we were able to find a peer mentor. We were able to find a dietitian that she resonated with and she trusted. While at the same time we were keeping her out of college and she knew that we were keeping her home from college. And I think she realized that it was real. Her friends were gone. She was still struggling. And all we were doing was trying to love her. And so through the fall of 2022 and then through the spring of 2023, she found the strength with this new treatment team.

And last year in the fall of 2023, we sent her off to college. And as you and I are recording here today, she's already called me three times. Um, she's eight weeks away from coming home from her freshman year in college. Her vitals are stable. Her weight is stable. Her blood is stable. She admits to me that she still struggles with the thinking and the behaviors and all the habits, but she kept herself stable and she walked the walk on her own and she's, she's proud of herself and she misses us and we're not the awful, horrible people that she told us about years ago and she wants to look forward to coming home this summer.

Melissa Peruch: That's amazing. Well, I just wanted to close it off by saying. I'm proud of where your daughter has come. I know going through an eating disorder. It's really hard. And I think one of the things that you yearn most for is hearing those words. I'm proud of you. Um, I know that's the phrase that I yearned for for a long time throughout my journey. Um, so I just wanted to say, I'm really proud of your daughter for where she has come, but I'm also really proud of you guys. For sticking with her and for being with her and for learning so much and now for helping so many people after that I think it takes a lot of guts, and a lot of strength to actually do that and immerse yourself in this world where you once had struggled for so long to actually help pull other people out of the quicksand. I'm proud that I have met you and I'm pretty sure the listeners at home are going to be proud at hearing this story. And well, I thank you so much for your time, and I didn't have any more questions.

Kevin Olmsted: Thank you for having me. This was amazing. Thank you.

Melissa Peruch: We hope you enjoyed this episode and stick around to hear what other individuals have to share in future ones. You can listen to Connectopod on Podbean, Spotify, Apple, or wherever you get your podcasts, and visit connectopod. net to see all of what we do and have in store. Thank you for listening!