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Interview with Leigh Cascioli

Caitlin Blake

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Researcher's Name: Caitlin Blake (CB)

Event: Interview with Leigh Cascioli

Place: Moundbuilders Guidance Center; 8402 Blackjack Rd. Ext; Mt. Vernon, OH

Workers Present: none

CB: I'm gonna start out asking some more personal questions and then go into eating disorders. What was your path in becoming an eating disorder counselor in Knox County?

LC: Well, I've been here 19 years and was one of the few people who have had any background, in terms of educational background, in treating them. Most of the eating disorders.

CB: And what was your educational background?

LC: I have a masters in social work.

CB: Ok, and where was that from?

LC: Ohio State.

CB: Ok, alright. And have you, have you lived in Knox County for 19 years?

LC: I work in Knox County, I live in Franklin.

CB: Oh, ok so you commute everyday?

LC: Mmhm.

CB: And have you always worked in social work and health?

LC: Mmhm, mental health.

CB: Ok, what got you into that? What interested you?

LC: Um, I don't really have a good answer for that (laughing)... I've just always kind of been interested in people, whenever I read about this kind of work, it was interesting to me. It was the least amount of math I had to take for an undergrad.

CB: Did you go to Ohio State for undergrad?

LC: Yeah, I did.

CB: Alright, and um let's see here, you answered a lot of my questions. And what are your main skills in daily job descriptions?

LC: Um, right now, I'm a clinical supervisor, which means I oversee what the counselors do, I back up the emergency services supervisor on emergencies, I attend meetings in the community, I do talks when I'm requested to do talks on various subjects, and then I maintain a small case load, and I do usually 3 groups, all of which, 2 are adult sex offenders, 1 is domestic violence offenders, and then I do dialectical behavioral therapy which is for people who self mutilate.

CB: Ok, how many counselors are in the Moundbuilders?

LC: With me, there are seven at this agency, and there are 18 in Newark.

CB: Ok. And what are their different specialties.

LC: We have people who almost exclusively work with children. We have people who work exclusively with adults. We have people that specialize in drug and alcohol treatment. We have people who specialize in anxiety disorders, or mood disorders, behavior problems with children and adults. We have people who specialize in criminal justice, such as providing forensic treatment to adults and children.

CB: Ok, wow. So you do a lot. And how often are you working directly with the community? Is it on an everyday basis?

LC: Um, I may take phonecalls everyday from people in the community. It depends. When I'm asked to do a speaking engagement, sometimes I'll do it for several months, sometimes not for a few months.

CB: What are the general speaking engagements that you do? What kinda audience do you speak to?

LC: It depends. I do a series for one of the assistant living centers, for their staff. On different mental health issues in the elderly. I usually speak for folks at conferences on eating disorders, and on cutting, self-mutilating behavior. So it doesn't just include cutting, but on other self-destructive behaviors. Um, I also do one on stress-management, mood disorders.

CB: Ok. Let's see here, in your time as a counselor in Knox County, have you noticed any major health issues regarding food and health.

LC: Yeah, one of the big ones is obesity. That, we are probably dealing with that a lot more than we have. We used to in the past, you know our eating disorders were either the anorexia or the bulimia, now what we are dealing with a whole lot is obesity. And we have people, some of the medication that people take for severe psychiatric medication, cause, side affects are weight gain and increase for diabetes. Compared to when I started, we have a lot of people who have multiple health issues now. We aren't just treating mental illness, we are having to do what we can to

prevent people from compulsive eating to follow whatever protocol they have to follow, whether it be for diabetes, heart disease, any other medical conditions that requires dietary changes.

CB: Ok, so mainly you are working with obesity and treating it. Do you do dietary...

LC: We don't, we aren't suppose to. For example, if we have somebody who's seeing a psychiatrist and is put on certain medications, we have a protocol we have to follow where we have to check their weight every so often, their abdominal circumference. Um, we do a lot more work between us and the dietary department at the hospital in terms of working with people and their compliance.

CB: Ok, so when have you seen an increase in this obesity problem?

LC: Probably more so, maybe in the last 5-10 years.

CB: Ok, and why do you think that is?

LC: Well, partly it is because of new medications that have come out to treat psychotic disorders. There's one called (?), there's another one called...um, I'll have to keep thinking about it, I'll tell you what it is if I think of it. Um, seroquel. Those two, in particular, along with (?) cause weight gain as a side affect. And so, prior to the FDA listing that as an alert, we had people gain like 100 pounds on zyprocan in particular.

CB: Wow, that's a drastic increase...Um, and regarding eating disorders, what ones are most prevalent in Knox County? Would you say obesity?

LC: Yeah, I would have to say obesity in particular would be the most common one. We, I know....one is the issue of people who are on limited incomes. They aren't able to buy fresh produce and things that you would normally choose for a healthier diet. Also, with psychiatric disorders sometimes motivation is an issue. So, it's very hard sometimes to motivate them to do what they need to, to treat their disease.

CB: Ok, that's good to know. And as your position, what is your major concern for people and health in Knox County?

LC: Well, with people with mental illness is that they die much sooner than the general population. Their average is 17 years earlier than the general population. So, when we add on to people who are in their 30's and they are already chronically obese and they have diabetes, you look at their long term health. How is it going to affect their psychiatric condition and their medical condition?

CB: Yeah, definitely.

LC: That would probably be the biggest issue with me.

CB: You've kinda already covered this, but you have noticed higher rates in obesity? And do you know if statistics have increased, decreased, or remained static in Knox County?

LC: I don't know for sure. I would say, just based on what we deal with, it has increased a lot. The other trend I can think of, is that we have a lot of people who are of about the expected age, I think nursing home age, who are receiving home health care. Either because their medical condition, or their rapid need for psychiatric and medical medications.

CB: So, you are seeing younger ages...

LC: Mmhm, we are seeing people in their 30's that are getting home healthcare.

CB: What was that reasoning again? I'm not sure if I understand.

LC: One of the reasons, is that lack of compliance with medication. So, they need someone who will go over there and make sure their blood sugar is where it's suppose to be, that they are getting their medication in the correct dosages, whatever their medications might be. We have people's who obesity is so severe, and their health problems so advanced, that they need help with the daily stuff; like bathing, taking care of their apartment.

CB: yeah, ok.

LC: Statistics, I would probably check with the health department. They would be the most accurate.

CB: I have talked to Dennis Murray. He referred to me in a direction...And do you think that Mt. Vernon and Knox County are apart of the national epidemic regarding eating disorders.

LC: Yeah I think they are. I would say that this community, being more isolated, we don't get as much information. You can't go to, places like Columbus every single day to learn to treat your illnesses.

CB: So, do you think therefore they can be worse here?

LC: I think people don't receive the medical care that they maybe need in comparison to the resources available in bigger cities. Cause, I guess, my husband's diabetic, family history. And the program he had, when he was diagnosed, compared to the program here that people get, there's absolutely no comparison. He had, I think 12 or 16 hours worth of course work when he was diagnosed. People here don't go to classes.

CB: Oh my gosh. Is it required to take hours of classes, or is it a state thing?

LC: No, it's a protocol our family physician requires. It included how to use your machine, it included the dietary issues. You know, a lot of the connection between the mood and motivation. It also included the importance of exercise, nutrition, and all the other things that go into maintaining good health.

CB: Do you think because of that lack of education with people who have diabetes in Knox county, do you think they are suffering?

LC: I think they could be. I think when I talk to people, they sometimes don't know basic information about their illnesses, that you know I consider real common knowledge.

CB: Exactly, so do you see a lot of community members having more heart disease?

LC: Yeah, we have a lot of things. We have people that don't understand that if their blood sugar is out of whack, it's going to affect their mood. We don't have people that understand, that say if you are depressed, depression will increase their risk of heart disease. We don't have people that know some things that we consider basic. Like, what a high fiber diet is, what a low-carbohydrate diet is, and things like that. People just don't know what those terms mean.

CB: Do you think that is something that happens within schooling and education, or personal...?

LC: I think that depends on age. Because children do have to have some of that as part of their academics, but I don't know in terms of if someone's uninsured, if they qualify for any of the educational programs. I don't know if Medicaid pays for it. I know that Medicare will pay, but I don't know about Medicaid.

CB: Well, do you think that's a specific problem though, the whole educational aspect to Knox County.

LC: I don't think it's specific to Knox, I think that it's just so overwhelming to so many communities. But we are more isolated because of our location.

CB: Okay. And, in regard to food, do you see any push in the community towards local foods or eating healthy?

LC: I think the health department is trying to promote that. I think that there is a couple of people, there's a certified diabetes educator at Knox County Hospital, who work very hard on that and are more than willing to speak to the community. We actually have one of our (?) does a healthy lifestyles career, where she talks to the people in that group about nutrition, diet, and exercise.

CB: Ok, and I meant to ask this a bit ago, but what are the typical demographics of the patient you see? Is there a typical?

LC: No, we are community mental health, so we are mandated by the state to see anybody in the community that requests services. So we see any age group, from 2 to death basically, we even have programming for infant mental health.

CB: Do you see at all, do you get more patients that are lower income, or minority?

LC: Very low minority, just because of the community demographics. Usually our breakdown is um...30% of our clients have some type of health insurance, the remaining clients are either on Medicaid or a sliding fee. So poverty would be one of the primary issues.

CB: Alright, let's see here...What eating habits do you believe are best for good health?

LC: That's a hard question to answer...I think it's based on a person's health condition, whether I think people need to be following the federal guidelines for protein, fiber, carbohydrate intake.

CB: I know some of the people I've talked to too, they have kinda noticed the problem with more of the booming strip of fast food restaurants and stuff. Have you noticed that at all?

LC: Um, I think...people don't know how to make choices in the first place, and then when we overwhelm them with choices, and they don't know what a normal portion size is, it's very hard to try to explain to people why their health is so bad.

CB: Yeah, yeah, um...What do you recommend for citizens for healthy eating, and steering clear from eating disorders and disease?

LC: Um, usually what I recommend to people who are coming here, because they usually have some type of mood disorder, um, I talk to them a lot about the balance. Making sure that they are getting certain nutrients at each meal, to pay more attention to when they feel hunger in comparison to when they feel like they just want to eat because they are bored or unhappy. I try to talk to people about not restricting any foods, but the high majority of their diet should be made up of things that high nutritional value to them.

CB: Ok, and just in regard to eating disorders, do you think there are as many people or patients coming in with the typical disorders like anorexia and bulimia, as there are obesity?

LC: No, no. It's much more obesity. Usually, I don't carry more than anywhere from 2-5 people on my caseload that have either anorexia or bulimia. Probably at least 50% of my clients are dealing with some other type of medical issue, unrelated to their weight.

CB: Ok, um...What has been your personal and biggest challenge as a counselor in Knox County?

LC: Um...I would said people...partly one of the issues is that clinics are spread out and transportation is a big issue for people, even if they do have cars. Because we have people even with a vehicle, it's 45 minutes for them to get here, because they live at the far end of the county. That's probably been, just logistical things...People who can't afford to come, even if they are on a reduced fee, where they can't pay the co-pay on their insurance. We do a lot of (?). More of the access to services rather than service provision.

CB: Ok, ok. What do you think is an important way of thinking when eating or purchasing in regard to good health?

LC: Well, I talk to people a lot about...not just the financial cost of the food but how the food is going to make them feel after they eat it. You know, are they gonna feel better or worse, and to think about that at each meal. Also, to pick things that they actually like. Try not to be too rigid, you know the book says I have to eat this.

CB: What do you recommend for citizens of Knox County in combating eating disorders?

LC: Um, I think as much education as possible. I think making information to the community more understandable to people. For example, I know the extension office has actually the pyramid but they also have the pyramid in/for lower income people to learn different ways to choose food, in a more...in their financial price range.

CB: Yeah, that's definitely a huge problem; the economics of it all.

LC: Right, because, they'll have a list of canned foods you can choose on each group, and things like that. The food banks not gonna necessarily...

CB: Is that a nation wide pyramid that they made?

LC: Yes, through the USDA. And what I do a lot with my clients, no matter what their issue is, I usually go to the national website so that they understand more of what I'm talking about. If someone has blood pressure problems, I go to the American Heart Association and have them look at the recommendations there. Yeah, you can print things off and it's really nice.

CB: Ok, and what do you think are the attributes that are provoking eating disorders in Knox County, and do you think food and community life correlate with eating disorders? (repeat question)

LC: I think that people are not very knowledgeable about nutrition and the foods that they are choosing.

CB: Ok, and do you think that food and community life are in direct correlation with eating disorders?

LC: Well, I think they can be because I don't think we are talking a lot about portion control. You know, we aren't giving people direct feedback about choosing at the grocery stores. You know, most people are looking at cost opposed to people in the healthcare field who are looking at long-term affects of poor nutrition....I think it's a small rural community, and the people's ability to access larger resources is very difficult.

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