

Center for Eating Disorders Care

at University Medical Center of Princeton

Upcoming Conferences
Stop by and see us at:

**Academy for
Eating Disorders
2016 International
Conference on
Eating Disorders**

May 5-7

San Francisco, CA

**Multi-Service Eating
Disorders Association
21st Annual National
Conference**

May 13-14

Newton, MA



**Check out our
Virtual Tour!**

See our environment and our philosophy of care in action. Check out our new video on the Center for Eating Disorders Care website.

princetonhcs.org/eatingdisorders



Helping Patients Step Back into Life

Welcome to the first issue of our Center for Eating Disorders Care newsletter! Our goal with this new publication is to provide you with quick and relevant information about eating disorders and treatment. We also hope that you will get to know us a little better along the way.

At the Center for Eating Disorders Care, we provide compassionate treatment in a warm, welcoming environment for adults, adolescents, and children as young as 8 years old. In 2015, our patients came to us from 27 states across the country. No matter how far they travel to get here, they come a long way *while* they are here. Our program is designed to foster meaningful and lasting change. We combine psychosocial treatment, nutritional support, and family involvement with immediate access to the latest advances in medical care – just one advantage to being part of University Medical Center of Princeton.

To learn more about us or to make a referral, please visit princetonhcs.org/eatingdisorders or give us a call at **877.932.8935**. We also welcome your newsletter feedback and suggestions for future topics!



Melinda Parisi Cummings, PhD
Program Director, Center for Eating Disorders Care
Administrative Director, Hospital Psychiatry



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Technology in the Treatment Environment

Unlike many other eating disorders programs, the Center for Eating Disorders Care allows patients to have access to mobile devices and laptops. When patients return to their home environments, technology will be waiting. Allowing access at certain times during their treatment helps keep an open door to communication about the feelings stirred by social media and how best to handle them – tools that they will need moving forward.

“In a world where peer acceptance and image are becoming more linked to the number of “likes” you get on Facebook or followers you have on Instagram, we try to monitor the impact of social media and teach patients to cope appropriately when they feel triggered,” says Elizabeth Frenkel, PhD, Supervising Psychologist at the Center for Eating Disorders Care. “Through the combined attention of the treatment team and the patient’s family, we work to encourage the positive, recovery-oriented use of technology.”

Given the growing “pull” of social media, we regularly review our technology policy and make adjustments as necessary. Presently, inpatients have access to cell phones and other media devices during weekday evening hours and at certain times on weekends. Restricting access during treatment time encourages patients to give treatment their full focus and helps reduce the tendency to isolate.

“We’ve seen that allowing technology within certain parameters can be beneficial during recovery in helping patients connect to family and friends for support and in enabling positive relationships to continue,” adds Dr. Frenkel. “Our goal is to provide a helpful frame of reference that patients can draw from in the future.”



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Technology Impacts *Self-Esteem*



Technology has come so far in recent years that it is hard to imagine our lives without it. But how does the use of technology and social media play into self-esteem and body image issues?

According to a recent article in the *International Journal of Eating Disorders*, social media combines two factors that influence the risk for eating disorders: media and peers.¹ The study found that more frequent Facebook use was associated with greater disordered eating in a cross-sectional survey.

“Social media has its good and bad points,” says Elizabeth Frenkel, PhD, Supervising Psychologist at the Center for Eating Disorders Care. “It can be an effective support system when used properly, but it also can be time-consuming, detract from interpersonal communication, and cause negative or conflicted feelings – especially when what you’re seeing or posting on social media is idealized and doesn’t match reality.”

Technology is here to stay, so addressing the feelings stirred by social media interactions becomes critical. In this context, it is important to incorporate distress tolerance and interpersonal effectiveness into treatment modalities. Helping patients successfully negotiate social media and use it for positive purposes is an important life skill moving forward in the digital age.

1. Mabe AG, Forney KJ, Keel PK. Do you “like” my photo? Facebook use maintains eating disorder risk. *Int J Eat Disord* 2014; 47:516-52.

2. PewResearchCenter. Lenhart A. Teens, Technology and Friendships. August 2015. www.pewinternet.org

**Consider these 2015
PewResearchCenter statistics²
on teen social media users:**

68% have had people on social media platforms supporting them through tough or challenging times.


42% have had someone post things on social media about them that they cannot change or control.

40% report feeling pressure to post only content that makes them look good to others.

21% report feeling worse about their own life because of what they see from other friends on social media.

HIGHLIGHT ON NUTRITION

All patients participate in a hands-on Cooking Group at the Center for Eating Disorders Care, where they prepare recipes ranging from milkshakes to appetizers and pizza. Through this process, patients learn about preparation techniques, nutrients, and how the foods fit into their meal plan. It also gives them an opportunity to prepare and eat items that they may consider as challenge foods in a supportive environment.



Medically Complex Patients Receive Specialized Treatment

Eating disorders have a long list of harmful effects, including serious medical consequences. Changing heart muscle can lead to cardiac problems and an increased risk for heart failure. Severe dehydration can result in kidney failure. Enduring eating disorders can also necessitate gastrointestinal, endocrine, and neurological care.



At the Center for Eating Disorders Care, we are seeing greater numbers of patients with more acute medical complications. These co-morbidities from extreme malnutrition can include acute problems such as dehydration, electrolyte imbalances, and dizziness, or chronic problems such as osteoporosis and delayed gastric emptying. Because we are part of University Medical Center of Princeton (UMCP), an acute care hospital, patients have immediate, 24/7 access to medical care on site. We coordinate with various disciplines, including cardiology, gastroenterology, endocrinology, neurology, and gynecology, to manage many complex medical issues. As a result, our patients can remain on the eating disorders unit to receive the specialized, dedicated care they need.

A Strong Clinical Team

In addition to overseeing the psychiatric care of our patients, our core medical team helps to identify when patients need medical treatment and facilitates the process. Our team is led by our **Medical Director, Jose Vazquez, MD**, who is also Medical Director of Psychiatric Services for UMCP. Dr. Vazquez oversees the clinical operations of the eating disorders program, along with psychiatry services hospital-wide. At the Center for Eating Disorders Care, he is joined by our staff psychiatrists:

Tamer Wassef, MD, who also specializes in addiction psychiatry, depression, anxiety, adult ADD, and PTSD

Swapna Dhillon, MD, who also offers extensive experience in mood and psychotic disorders, and specializes in women's behavioral health and psychosomatic medicine

Cindy Yeung, DO, who also specializes in addiction psychiatry and crisis management

"We have great relationships with medical specialists at the hospital to ensure prompt treatment and continuity of care," says Dr. Vazquez. "The proximity of medical expertise also means we have the ability to take more acute patients. It's a huge benefit to have everything patients need right here on site."



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Recognizing Eating Disorders in Children



Eating disorders take a substantial toll on children’s physical, psychological, and social growth and development, making it especially important to identify an eating disorder early and provide effective, age-appropriate care. But recognizing issues in children comes with its own set of challenges.

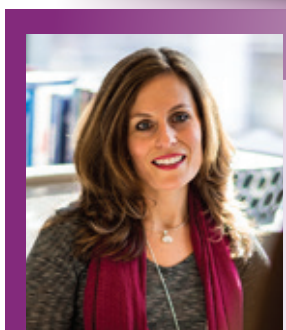
Often, there is a blurred line between what’s normal and abnormal in children’s eating habits. For example, “picky eating” phases can be developmentally normal, and children usually grow out of them without intervention. Important factors to look for include nutritional adequacy and the impact on development or relationships.

Because reasoning skills are not fully developed in children, the expression of an eating disorder may be quite different than with older patients. Rather than verbalizing cognitive distortions about weight, they may refuse food based on claims of not being hungry or feeling nauseated. Other signs include excessive exercise or persistent, compulsive activity, such as running in place while watching TV.

Variability in the degree and timing of height and weight changes during puberty presents a further challenge. Measures based solely on height and weight, like absolute BMI, are not optimal for children. In a 2014 International Association of Eating Disorders Professionals (IAEDP) Symposium presentation, Dr. Julie O’Toole, board-certified pediatrician and founder of the Kartini Clinic in Oregon, advocated for weight gain to the point of resumption of a healthy state, including normal medical parameters, resumption of growth, and the advancement of puberty and psychosocial aspects such as returning to school.¹

“The urgency of full weight restoration and symptom interruption in children can’t be overstated,” says Melinda Parisi Cummings, PhD, Program Director of the Center for Eating Disorders Care. “Returning them quickly to a normal physical and psychosocial developmental trajectory is critical. Many children do well in outpatient treatment programs, but sometimes hospitalization is necessary. Good outcomes are very possible, especially with early and determined intervention.”

1. O’Toole, J. Anorexia nervosa in the very young child. 2014 IAEPD presentation, St. Petersburg, FL.



Meet the Team

Allison Lansky, EdS, LMFT, Senior Primary Therapist

In addition to individual, group, family, and marriage therapy, Allison provides clinical leadership, patient care, treatment planning, and staff orientation and development. Her expertise in family dynamics helps provide a strong foundation for the treatment process. “The whole family is the patient,” she says. “Through this lens, we offer support and guidance to foster positive change. Recovery is a team sport.”

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Yoga Fosters a Calm Inner Presence

Stress-reducing activities that contribute to healing are key therapeutic components of our program at the Center for Eating Disorders Care. In particular, yoga has shown many benefits for our patients over the years.

“Often, our patients describe their experience in yoga as a time that they can be most present in their bodies without negative feelings,” says Janet Waronker, MCAT, LCT, RYT, who teaches yoga at the Center for Eating Disorder Care. “They’re focusing on what their body can do, rather than how it looks or feels.”

Waronker encourages mindfulness and a non-judgmental approach during yoga practice, with a focus on breathing, movement, and alignment. Each session ends with a relaxation process. “Staying present in the moment and focusing on breathing and transitions are important to the mind-body connection,” adds Waronker. “At the end of our sessions, many patients express feelings of calmness and relaxation that they didn’t have before practicing yoga.”



Save the Date

OCT
6

20th Anniversary Lecture and Reception

Save the date to celebrate the 20th Anniversary of the Center for Eating Disorders Care! The event, to be held on **October 6 from 5:30 to 8:30 p.m.**, will feature a lecture by Daniel Le Grange, PhD, Emeritus Professor of Psychiatry and Behavioral Neuroscience at The University of Chicago, Benioff UCSF Professor in Children’s Health, and Eating Disorders Director, Department of Psychiatry, University of California, San Francisco. The lecture will be followed by a celebratory networking reception.