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Lynnette Peoples, MSN, PMHCNS-BC, APN, Director, Princeton Center for Eating Disorders, and Casey Shamy, MSW, Clinical Outreach Coordinator, will be available in the Exhibit Hall.



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Eating Disorders AND Addiction Often Find Common Ground



Research has shown that up to half of people with eating disorders may also suffer from a substance use disorder—and those numbers tend to ring true among patients at Penn Medicine Princeton Center for Eating Disorders, according to **Jose Vazquez, MD**, Medical Director of Psychiatric Services at Princeton Medical Center. In the Q&A below,

Dr. Vazquez shares his insights on eating disorders and addiction.

PCED Why is there a link between eating disorders and substance abuse?

JV Both are very complex, chronic disorders that have common risk factors. Each can stem from low self-esteem, emotional issues like anxiety or depression, or past trauma. In fact, an eating disorder and an addiction can develop as a self-soothing, maladaptive coping mechanism for an array of underlying issues. Brain chemistry, family history, social factors, and media messages also play a role in both.

PCED Which comes first, an eating disorder or substance use?

JV This depends on many factors, including genetics, the individual's environment, and stressors in life. With so many commonalities between the two, it's easy to see why someone with an eating disorder may turn to substance use to mask pain, provide emotional relief, or help them manage their disorder. Likewise, an eating disorder can arise subsequent to an addiction. For example, bulimia can develop after frequent purging due to excessive alcohol intake, or substance abuse may lead to physical abuse by others, making an eating disorder appealing as a means of regaining perceived control.

continues on page 2 >

PCED What addictions are you seeing most often?

JV Among our patient population, we commonly see addictions to alcohol, cocaine, opiates, marijuana, and nicotine. Some patients also enter our program with addictions to laxatives or diuretics, which they may be using very excessively. Patients with a history of binge eating disorder or bulimia nervosa present with addiction more often than those with other types of eating disorders.

PCED Should an eating disorder and an addiction be treated simultaneously?

JV It's critical to conduct a comprehensive screening and assessment, and if a co-occurring disorder exists, to address both conditions during treatment. If only one disorder is treated, patients will shift more easily from remission to relapse. Because Princeton Center for Eating Disorders is hospital based as part of Princeton Medical Center, we have a continuum of easily accessible experts and resources to provide specialized treatment for those with a dual diagnosis.

PCED How are co-occurring conditions clinically treated?

JV We can treat many withdrawal symptoms on the eating disorders unit. Medically compromised patients with co-occurring conditions—particularly those with respiratory, cardiac, or liver problems—first receive inpatient treatment on a medical unit of the hospital until they are medically stable, at which point they are transferred to the eating disorders unit. We have a team of specialists that ensures streamlined care across all levels of treatment, which is a unique benefit for patients. Our psychiatrists follow patients during their medical stabilization, and our medical specialists continue to see patients as needed once they are transferred to the eating disorders unit.

PCED What other resources are provided for those with a dual diagnosis?

JV We offer a unique, comprehensive blend of medical and psychological support, robust therapy groups to instill healthier coping skills, family involvement, and education. Long before discharge, we also assess what support systems are in place in the home environment. Treating an eating disorder and restoring weight often will position patients to effectively continue the recovery journey from an addiction, and we connect patients to community programs and resources that will facilitate that process after discharge.



When to Refer for More Intensive Care

According to Dr. Vazquez, it's important for clinicians to be vigilant for signs of an addiction among their patients with eating disorders. Candidates for intensive treatment include those who:

- Are not making outpatient treatment progress
- Are noncompliant or are missing appointments
- Continue to lose weight

Especially in the case of a co-occurring disorder, early detection and treatment will lead to more positive outcomes.

MEET THE TEAM



Chrissy Beach, MSW, LCSW

After starting her career as the first Mental Health Associate at the Center for Eating Disorders Care when it first opened more than 20 years ago, Beach went on to pursue her MSW degree in New York City and opened a private practice in northern New Jersey. She returned to what is now the Princeton Center for Eating Disorders in 2015 to serve as Senior Primary Therapist. In this role, she facilitates individual, group, and family therapy.

"The most rewarding part of my work is seeing patients take the risk to let go of their eating disorder and find their true selves," she says. "It's wonderful to know we can make a difference in helping them reclaim their lives."

When Societal Norms Disguise a Problem

Identifying Eating Disorders in Boys

Being thin and fit is a commonly portrayed aspiration in today's culture, and these images don't go unnoticed among boys and young men. In some cases, an obsession with "health foods" or an excessive focus on fitness can evolve into an eating disorder. But societal views compound the issue with a gender-related stigma—and in turn, boys tend to be more secretive about an eating disorder.



"There's still a perception that eating disorders mainly occur among girls and women, which can correlate to deeper feelings of shame among boys and a stronger desire to hide the problem," explains **Maggie Moran, MSW, LCSW**, Senior Primary Therapist at Princeton

Center for Eating Disorders, which provides treatment for boys as young as age 8.



"At the same time, the media focuses heavily on the latest nutrition fads, some of which exclude important food groups that a growing young person needs," she adds. "In the midst of these culturally defined ideals, eating disorders in boys may be detected less often."

Orthorexia, or an obsession with health food, is just one condition that requires vigilance in this population. Restricting disorders like anorexia nervosa are also commonly seen in boys undergoing treatment at Princeton Center for Eating Disorders.



"Trauma is frequently a precipitating factor among boys, as a damaged sense of safety can lead to a maladaptive attempt to regain control through self-imposed eating restrictions," says **Najeeb Riaz, MD**, Medical Director of Princeton Center for Eating Disorders. "We're also seeing young patients with autism spectrum disorder, which often carries with it an obsessive quality that can easily coexist with an eating disorder."

Signs of an Issue

According to Dr. Riaz, treatment is indicated if a child or teen falls below 85 percent of his ideal body weight, and pediatricians should watch for the following clinical signs of a potential eating disorder among their patients:

- › Lack of growth or rapid weight loss
- › Electrolyte imbalances, especially lower magnesium or phosphate levels
- › Elevated amylase levels
- › EKG irregularities

When an eating disorder is suspected, early referral for an evaluation is critical to avoid longer-term impairment to overall growth and health. Treatment goals are to restore prepubescent boys back to 100 percent of their ideal body weight, and postpubescent boys to at least 90 percent.

"Young male patients tend to be more resistant and guarded about sharing concerns or receiving help, so it's especially important to build a therapeutic relationship from the very first point of contact," adds Dr. Riaz. "Using a team approach, we work to normalize the treatment experience, assess and treat any coexisting mood problems or medical conditions, engage the family in recovery, and restore weight in a medically secure manner."

Weaving a Thread of Support Among Families



When a patient is undergoing treatment for an eating disorder, family members often feel isolated, scared, and confused. At Princeton Center for Eating Disorders, multifamily groups provide the opportunity for families to share their experiences and learn from each other—a unique type of support that can be vital to recovery.

“Just knowing that others are going through a similar experience provides comfort and helps minimize any feelings of shame or isolation that may be associated with a loved one having an eating disorder,” explains **Lisa Burditt, LPC**, a therapist who administers the multifamily groups. “The groups provide insight into a loved one’s illness, and this broader understanding helps improve outcomes.”

Offering psychoeducation and support, multifamily groups are held on Sundays and include:

- ❖ **A group for family members and loved ones of all patients**, joined by patients ages 18 and older. This group covers a discussion topic that can range from the etiology of eating disorders to post-discharge resources.
- ❖ **A group for family members and loved ones of adult patients**, without patients present. This format gives attendees the opportunity to voice questions they may be uncomfortable asking with their loved one present.
- ❖ **A group for family members and loved ones of child or adolescent patients**, without patients present. The group covers a broad range of topics, including how to support siblings of patients with eating disorders.

In addition to sharing knowledge, multifamily groups cover expectations for treatment and provide guidance and information on how families can help maintain progress and sustain recovery after discharge.

“When new families enter a multifamily group, they are usually in crisis phase,” says Burditt. “Hearing from families and patients who have sustained meaningful progress gives them hope. Those who are farther along in the journey pay it forward by helping others. It’s a very empowering, compassionate experience.”

Princeton Center for Eating Disorders also provides more individualized support through weekly family therapy sessions attended by each patient and his or her family or loved ones.

“With an eating disorder, the entire family is in recovery along with the patient,” adds **Allison Lansky, EdS, LMFT, CEDS, NCC**, Lead Senior Primary Therapist at Princeton Center for Eating Disorders. “Multifamily groups offer validation, empathy, and an opportunity to hear common threads of information from new perspectives. This insight can lead to more effective communication, interaction, and recovery progress.”

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Walking the Line Between an Eating Disorder and Past Trauma

When a patient has an eating disorder, it's not uncommon for past trauma to lie below the surface. In particular, victims of sexual abuse and domestic violence, as well as those with post-traumatic stress disorder (PTSD), may be at higher risk for developing an eating disorder.



"Patients who have experienced past trauma often feel helpless, out of control, angry, frightened, anxious, or ashamed and may seek ways to cope or gain control through food-related behaviors," says **Allison Lansky, EdS, LMFT, CEDS, NCC**, Lead Senior Primary Therapist at Princeton Center for Eating Disorders.

"In these situations, behaviors like bingeing, purging, restricting, using laxatives, or excessively exercising may be used as a means of escaping or numbing painful emotions," she adds.

Treatment Considerations

For patients suffering from both an eating disorder and the scars of past traumatic experiences, the treatment trajectory correlates strongly with individual coping skills when clients present for treatment. While simultaneous work is important, the degree to which past trauma is addressed during initial treatment can be a question of timing.

"If a patient is too psychologically or medically fragile, it can be critical to first stabilize the eating disorder and build coping skills that lay the groundwork for addressing the trauma," says Lansky. "Sometimes, delving into a traumatic history in the absence of sufficient coping skills can do more harm than good. Once eating disorder symptoms are interrupted in a safe and supportive environment, healing from trauma can truly progress."

The Princeton Center for Eating Disorders team provides effective therapeutic interventions for patients with eating disorders and past trauma, building coping skills throughout the course of treatment. Specifically, dialectical behavior therapy (DBT) is incorporated on many levels to provide grounding strategies for dealing with intrusive memories. Patients receive intensive individual or family psychotherapy five times a week, along with DBT-specific group sessions to provide skills and tools needed for recovery.

"Patients need the inspiration to heal in the right place, at the right time," adds Lansky. "In addition to medical and psychological treatment, we provide an environment of safety and hope designed to help patients heal and move forward with their lives."





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Self-Confidence Takes Center Stage with *Karaoke*

On any given weekend, you might find **Patrick Moon, BS**, Mental Health Associate at Princeton Center for Eating Disorders, belting out a Journey song to set an inspiring atmosphere that encourages patients to step out of their comfort zone.

It's more than just a way to help patients set aside the daily challenges of an eating disorder. This unique, interactive karaoke activity has many therapeutic benefits.

"Patients have a strong affinity for this activity, which is really a blend of music therapy and coping skills work," says Moon, who facilitates karaoke. "Singing involves deep breathing while releasing endorphins that can decrease stress levels. Karaoke also goes a long way in building self-confidence and fostering social bonding among peers."

In some cases, patients who are having difficulty with traditional communication can express themselves more easily through karaoke. As they sing, they have the ability to connect with the music, project emotions, and release tension in a vocally creative form.

The supportive, uplifting atmosphere is also beneficial. The positive reinforcement patients receive after performing songs helps them realize that they can face a challenge and succeed—a concept that applies directly to recovery.

"Recovery is not an easy process, so it's important to incorporate therapeutic options that are relatable and fun," adds Maggie Moran, MSW, LCSW, Senior Primary Therapist.

"By offering diverse activities, we bring balance to treatment. Every patient is different, and this approach allows them to express themselves and excel in their own unique ways."

