

# Princeton Center for Eating Disorders *journeys*



## RETHINKING THE TERM “TREATMENT RESISTANT”

An eating disorder often develops over time to serve as a layer of protection. It may provide a sense of accomplishment, self-esteem, distraction, and control when every other aspect of life seems out of control. In fact, some patients have been known to refer to an eating disorder as their best friend.

It's no wonder that an eating disorder is so difficult for any patient to let go of – yet certain patients are still labeled as treatment resistant.

“It's really the eating disorder itself that is treatment resistant,” says Maggie Moran, MSW, LCSW, Senior Eating Disorders Therapist at Penn Medicine Princeton Center for Eating Disorders. “It's insidious. From the biological and physiological aspects to the psychological components, it hits from all angles.”

“Treatment means removing that protective layer, which is difficult even for motivated patients,” adds Taylor Riches, MSW, LSW, Eating Disorders Therapist. “To complicate matters, they may not fully understand the damage an eating disorder is inflicting, in part because they're so malnourished.”

Moran and Riches caution that describing a patient as treatment resistant or untreatable can be a disservice to both the patient and the provider. This frame of mind can set a negative tone for the patient-provider relationship and make any future progress even more difficult.

“These patients have been hearing that they're too much for their entire lives,” says Riches. “If we think this way or apply terms like resistant, it can add to the stigma. Why not instead describe patients as traumatized, struggling, or facing a barrier?”

Moran and Riches recommend taking a step back and thinking outside the box to collaboratively consider solutions when working with patients who are struggling to make progress in treatment. They offer this advice for behavioral health providers:

**FRAME IT AS AN OPPORTUNITY.** Challenges are an opportunity for a provider to grow and learn alongside a patient. Dig deeper into what’s worked and what hasn’t worked for a patient in the past and use that as a foundation.



**BE CURIOUS.** Seek a greater understanding of the role and function of a patient’s eating disorder. There could be hundreds of reasons for resistance – but if providers assume or don’t delve into these questions, they’ll never know. Maintaining curiosity is part of solving the puzzle.

**TAKE A LESS AUTHORITATIVE STANCE.** Therapists typically see patients for just a snapshot of their lives. Lean into the fact that patients know themselves better than anyone else and collaboratively explore what they want to try. Gain consensus on the goals of treatment.

**TRY MOTIVATIONAL INTERVIEWING.** Embrace empathy and reflective listening in asking questions designed to elicit change talk from patients. This might include what worries them the most, what the eating disorder has taken from them, and what makes them think they may want to consider a change at some point.



**MAKE MOTIVATION RELATABLE.** Ask the patient how motivated they are to recover on a scale of 1 to 10. If the answer is a 1, explore what changes might get them to a 2.

**ALLOW A SAFE SPACE.** Some patients simply need the creation of a safe space for them to sit in silence. Others may open the door to communication if they can participate in a relatable distraction during a treatment session, such as a puzzle, a game, or a walk outside.



**CONSIDER WHO’S WORKING HARDER.** If a provider feels they’re working harder than the patient, they may be pushing too much too soon. If a patient can’t imagine the next step, it may be too far out of reach. Working alongside a patient yields better outcomes.

“Reflecting on the fact that patients with eating disorders are in a great deal of pain can help us better understand their behaviors and journey,” says Moran.

“Treatment may require repeat efforts, but if we’re a little bit further along each time or they’ve retained more knowledge, it’s still a win,” she adds. “And if patients need a higher level of care, we’re here to help.” ■

## Sharing Insights INTERNATIONALLY

**Rebecca Boswell, PhD**, Director of Princeton Center for Eating Disorders and Administrative Director of Psychiatric Services at Princeton Medical Center,

recently presented “Biological, Psychological, and Social Impacts of GLP-1 Medications: Implications for Eating Disorder Care” at the Eating Disorders Research Society (EDRS) in Sitges, Spain. Dr. Boswell provided insight on how these innovative medications can be effective for people with diabetes and other medical conditions, yet how they can also be used inappropriately and exacerbate eating disorder pathology.

Dr. Boswell was also the lead author for a study on “Multiple marginalization, discrimination, and disordered eating among youth aged 10-11,” published in the *International Journal of Eating Disorders*. Data showed that youth with elevated weight reported experiencing multiple types of discrimination, and multiply marginalized youth had increased odds of disordered eating with each additional type of discrimination. ■

# Taking On FEAR FOODS

When eating a specific food item brings on a sense of distress followed by feelings of guilt and shame, it's considered a fear food. For patients with eating disorders, fear foods may have different negative associations depending on past adverse experiences or how they're portrayed in the media, but one thing is consistent: avoiding them serves as a way to channel and manage underlying anxiety and distress.

It's critical to reintroduce fear foods during treatment, according to Kelly Davidson, RDN, CEDS, Nutrition Therapist at Princeton Center for Eating Disorders.

"Continuing to avoid fear foods can reinforce the eating disorder and fear-based beliefs," she explains. "Plus, through avoidance, patients may be missing out on certain micro- and macro-nutrients they need for balanced nutrition."

A step-based approach can ease reintroduction. Davidson asks adult patients to rank foods from preferred to very challenging and create a hierarchy of their top ten fear foods. The timing for introducing foods depends on medical acuity and whether patients can complete a meal plan – at which point she typically gives them the option to select a few fear foods to incorporate or have her choose on their behalf.

Team members at Princeton Center for Eating Disorders help patients mentally prepare for meals through grounding exercises, distress tolerance skills, and cope-ahead plans. Coached meals are available, providing validation, support, and prompting while eating. Plus, patients have access to creative ways to broaden exposure when ready, such as in-person or virtual family meals, takeout meals, and the opportunity to visit the Princeton Medical Center cafeteria.

"Sometimes it's baby steps, but achieving mastery on one level can build a foundation that helps patients take on the next," says Davidson. "Once an adequate calorie intake is established, we can expand variety. The process is a key part of helping patients begin to feel normal around food again." ■



*a Scoop of*  
ACCOMPLISHMENT

*In July*, Princeton Center for Eating Disorders team members and patients participated in their first unit-wide fear food challenge with the availability of an ice cream truck on site at Princeton Medical Center. Patients incorporated the ice cream, a cone, and a topping into their meal plan for that day. Despite feeling nervous or fearful, many patients reported that they ultimately enjoyed the experience of trying something new outside on a beautiful day.





# ADMISSIONS TEAM Links Patients to the Right Care



With referrals coming in from across the country and even internationally for eating disorders treatment at Princeton Center for Eating Disorders, it's especially important to ensure that the level of care is a match. The liaison for that process is the Outpatient Admissions Department at Penn Medicine Princeton House Behavioral Health.

"We're here to connect patients to the resources they need to create a better life for themselves, while also helping referring providers ascertain the best next step," notes Kathryn Guiry, MA, NCC, LPC, Clinical Manager of Outpatient Admissions. "In fact, sometimes providers and patients call together."

The intake process begins with an in-depth assessment with a trained clinician who gathers information in a supportive, comfortable manner while providing education, guidance, and hope. Guiry and the Admissions team review assessments and ensure that the care plan process is seamless for patients and staff alike.

"We help put patients on the path to a healing journey, which starts with listening," adds Guiry. "It's an honor to be involved in people's stories and get them to the right place. In situations where that's not our own care programs, we'll guide them to other resources."

The Admissions Department receives more than 100 calls a day, with about one-third focused on eating disorders. Call volume continues to increase as Admissions and the Princeton Center for Eating Disorders team continue education around the concept that patients who are appropriate for care may fall outside of more traditional evaluation criteria.

## Changing Reliance on BMI

Patients often call Admissions and ask whether they'll be rejected based on their BMI.

"It's disheartening that this is one of their first concerns, as it demonstrates how an overreliance on this parameter is still mainstream," says Guiry. "A patient's BMI is just one clinical marker. Focusing on the bigger picture is integral to getting the care that's needed."

The Admissions team is working on initiatives to enhance awareness among patients, providers, and insurance companies on this front.

"Some patients may not appear to have an eating disorder yet could be very malnourished," adds Guiry. "We're educating internal and external audiences about the importance of taking the focus off of BMI and putting it back on the overall needs of each patient." ■

To make a referral, call  
**888-437-1610, option 3,**  
or fax to **609-683-6840.**



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# NEWS



FREE

## Didactic Series Integrates Mental and Physical Health

TUESDAYS – 3:30 P.M.

To address patient needs holistically, behavioral health support should go hand in hand with medical treatment. As part of Princeton Health's commitment to whole-person health, Penn Medicine Princeton Medical Center recently launched a behavioral medicine didactics series that provides insight on the biopsychosocial model of illness, integrating social, psychological, and biological aspects of health and disease. This free series has been created especially for health psychology and social work trainees and early-career clinicians.

Facilitated by Rebecca Boswell, PhD, Director of Princeton Center for Eating Disorders and Administrative Director of Psychiatric Services at Princeton Medical Center, the series imparts an added layer of expertise in behavioral health that ultimately benefits patients at various stages of their health care journey. Experts from Princeton Health and leading universities across the country will present a broad range of topics, such as building integrated behavioral health programs, eating disorders 101, and using DBT with patients who have cancer.

To learn more about topics, speakers, and dates, visit [princetonhouse.org/events](https://princetonhouse.org/events).

## A Deepening Involvement with Esteemed Organizations



Princeton Center for Eating Disorders has joined REDC, a national consortium representing eating disorders care focused on standards, policy, research, and best practices. Through this membership, staff members will expand collaboration with other eating disorders professionals across the country in addressing issues, exploring research opportunities, and refining and setting standards of care. In June, Princeton Center for Eating Disorders Director **Rebecca Boswell, PhD** and psychiatrist **Kristyn Pecsí, MD** presented “Exploring Approaches to Treatment for Longstanding Eating Disorders” to the REDC Ethics Committee.

In addition, in expanding her membership role in the Academy for Eating Disorders (AED), Dr. Boswell was appointed as an Advisor to the AED Medical Care Standards Committee. As part of this new role, she will collaborate on the revision of the Medical Care Standards Guide over the next few years, helping to ensure that this global resource remains up to date and relevant.

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[princetonhcs.org/eatingdisorders](http://princetonhcs.org/eatingdisorders)

# SUMMER RESEARCH INTERNS SHINE



**“Everyone here is supportive  
and so generous with their time.  
I couldn’t have thought of a  
better way to spend my summer.”**

**~ Sana Asifriyaz**

This summer, Princeton Center for Eating Disorders hosted three interns for its Clinical Research Internship, which is designed to provide a deeper understanding of clinical populations and related research opportunities. These undergraduate students hailed from Princeton University, the University of Florida, and James Madison University.

“The program is valuable on many levels,” says Rebecca Boswell, PhD, Director of Princeton Center for Eating Disorders and Administrative Director of Psychiatric Services at Princeton Medical Center. “We benefit from having bright students helping us move our clinical research initiatives forward, our team members build mentorship experience, and the interns gain exposure to the clinical environment and an opportunity to hone their interests.”

Interns shadow therapists and observe group therapy before participating in research. According to Sana Asifriyaz, a Princeton University senior majoring in Psychology, this approach has provided a better understanding of the patients behind the research.

Asifriyaz was able to extend her internship into the fall to continue her work on various projects, which have included administering surveys on variables that affect treatment outcomes and examining correlations between target weights and patient weights at various stages of recovery. With guidance from Dr. Boswell, she also applied for and received a Princeton University community partnership grant to conduct a

scoping review of treatment outcomes in patients with longstanding eating disorders.

“We hope to shine a better light on novel treatment approaches and raise awareness that there’s still hope for substantial progress even in patients with a longer duration of illness,” says Asifriyaz.

She notes that the internship experience has better positioned her to pursue a graduate program focused on research. ■