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Exploring Spirituality to Promote Healing

Regardless of one's faith tradition or religion, the exploration of spirituality can present a new dynamic for healing among many patients. It's a concept that has laid the groundwork for a unique new psychoeducation/processing group—called Grief, Meaning, and Recovery—at Princeton Center for Eating Disorders at Princeton Medical Center, part of Penn Medicine. This adult inpatient group incorporates the concepts of spirituality and grief.

The collaborative approach to the new group has made it even more distinctive. It was developed and is co-facilitated by Allison Lansky, EdS, LMFT, CEDS, NCC, Lead Senior Primary Therapist, and the Reverend Matthew Rhodes, PsyD, Director of Religious Ministries at Princeton Medical Center. Upon assuming her role as Director of Princeton Center for Eating Disorders, Lynnette Peoples, MSN, PMHCNS-BC, APN became a strong advocate for the group, and has an eye on expanding its reach.

"The combined support of a senior therapist and a chaplain with valuable insight on the tenets of spirituality and forgiveness—however that may be defined for each person—has been very powerful for our patients," says Peoples. "This group is enabling patients to explore deeper places without fear."

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The Grief, Meaning, and Recovery group is a safe place for patients to consider additional underlying issues driving the emotional urge to use eating disorder behaviors as a coping mechanism.

“We’re working to undo the power of the eating disorder by allowing patients to engage with their pain and suffering but not be isolated with it,” explains Rhodes. “Faith and spirituality are a source of hope for many people. By putting patients more in touch with hope, they often can deal with things that are otherwise too painful.”

The Grief Component

Exploring grief as it relates to illness and recovery is a critical component of the group. In fact, many patients need to grieve the loss of their eating disorder, according to Lansky.

“It’s not uncommon for an eating disorder to become the patient’s primary relationship and the central part of his or her identity,” she says. “Just as with any other relationship, patients must process feelings of grief and loss—along with the accompanying issues beneath the surface—in order to let go and move forward.”

As part of this healing process, the group is designed to provide insight that helps patients create a new framework of meaningful connections. This includes the ability to form a greater intimacy with their true selves, with other people, and with their faith.

A Supportive Environment

In the context of the group’s safe, supportive environment, patients tend to bring up topics that they may not otherwise discuss. Fellow group members have shown a tremendous level of acceptance for their peers, regardless of where each patient is in the recovery journey.

“Even our patients with severe and enduring eating disorders have taken steps toward healing through this group,” adds Peoples. “It embraces the philosophy that there is hope for everyone, no matter how long they’ve been suffering. The freedom to work through these emotions in our clinical setting is not just life-enhancing—it’s life-saving. There’s no question about it.”

Meaningful Feedback

Many patients attending the Grief, Meaning, and Recovery group have expressed how instrumental it has been in their recovery.

“The concept of pain for grieving over the loss of my eating disorder left a lasting impression on me throughout my recovery process. The group helped me understand this loss. It gave me a safe place to feel this pain and begin mourning.”

“I had never given any thought, until prompted, that my feelings of loss surrounding me were more intertwined with my eating disorder, identity, and faith than I could imagine. In a group setting, I discovered that I’m not alone. Having guidance from a person of faith and a therapist’s support, I was able to see things from a different perspective and take it with me.”



The Group Structure

Held weekly, the Grief, Meaning, and Recovery group begins with a “check-in” topic to center patients and facilitate a group connection. The group is then structured around a theme that inspires discussion. Themes continually evolve and may include topics like helplessness, self-harm, self-sabotage, happiness, intimacy, pain, and healing.

While the group is currently geared toward adults, the Princeton Center for Eating Disorders team is exploring how to translate this medium for our pediatric patients.



Recreating the Family Meal *in a* Guided Setting



For child and adolescent patients with eating disorders, in-program family meals at Princeton Center for Eating Disorders play a key role in preparing both patients and family members for the transition home. These experiential offerings are also helpful as “practice” when planned prior to a weekend pass for a patient.

“In addition to complementing family therapy sessions, family meals provide the added benefit of coaching the entire family on effective behaviors for real-world settings,” says Jenna Deinzer, RD, Lead Senior Nutrition Therapist at Princeton Center for Eating Disorders. “It’s an approach that increases the likelihood of sustained progress after discharge.”

The Family Meal Process

Prior to a scheduled family meal, our dietitians provide family members with tangible meal planning advice and ensure that the food items being considered meet the patient’s nutritional needs and prescribed meal plan. To help represent the home setting, foods that are staples at home or that the patient previously enjoyed are encouraged. Parents are guided to keep the meal conversation supportive and light, while avoiding topics related to foods, weight, and caloric intake.

“When the family arrives, we ask them to portion out the meals before their child enters the room,” says Deinzer. “This allows us

to review the portions, provide coaching, and supplement with other foods available on the unit if needed. Parents often find it helpful to see what an appropriately plated meal looks like.”

The meal dynamic is observed by a dietitian and the patient’s primary therapist, with intervention when needed. A post-meal processing session provides the opportunity to review positive and negative feedback, enabling the patient and the family to consider what tactics might work best moving forward.

Key Benefits for Families

Most family members participating in these meals value the benefits they gain, which include:

- Educational insight on what’s expected in a meal plan and how to best prepare
- Effective tools for getting through the meal with their child
- Empowerment to open the lines of communication in a supportive way
- Practice that can help family members feel more comfortable and confident during future meals

Of course, benefits also extend to the treatment team and the patient.

“These meals help us identify where patients and family members might be struggling the most, so that areas of concern can be further explored in family therapy sessions,” adds Deinzer. “For our patients, family meals are a great opportunity to demonstrate that everyone is on the same team. Together with the family, we work to create a supportive, united front on behalf of the patient.”

ENERGY-DENSE FOODS

A Valuable Resource in the Refeeding Process

by *Eric Cassara, RD, Nutrition Therapist at Princeton Center for Eating Disorders*



For patients with restrictive eating disorders, a carefully monitored refeeding process is an essential component to weight restoration and subsequent recovery. During the initial stages of refeeding, feelings of “fullness”—which at times may be accompanied by nausea, bloating, and even constipation—are very common and completely normal. These symptoms should improve during the first few of months of monitored nutrition.

The Reasons Behind “Fullness”

When very little food is consumed, the stomach becomes smaller. All of the body’s processes slow down to conserve energy, including the functions of the stomach and intestines. This decrease in digestive function causes food to move more slowly through the digestive tract, resulting in feelings of fullness and related symptoms. With better nutrition and more food, the stomach will eventually return to its normal size and the digestive process will speed up and normalize.

It’s natural for patients and family members to want to compromise on food quantities when a patient is experiencing discomfort, especially when consuming higher-calorie meal plans. Many patients with restrictive eating disorders are already fearful of food, calorie amounts, eating, and gaining weight. However, reducing food or caloric intake on a designated meal plan will only prolong the amount of time until a patient is eating enough to reach a healthy weight and a healthy mental state.

Incorporating Energy-Dense Foods

On larger meal plans for patients with restrictive eating disorders, it can be helpful to serve energy-dense foods that provide a high number of calories in relatively small volume. Expanding food variety can also be beneficial. Health professionals and caregivers can encourage patients to:

- Increase fat content by adding items like avocado, yogurt, and shredded cheese to meals and snacks.
- Consume energy-dense foods first. Save items like fresh fruits, vegetables, and whole wheat products until later in the meal.
- Incorporate energy-dense drinks like smoothies and shakes, as these are digested more easily than solids.
- Avoid low-calorie or diet foods or drinks.
- Maintain an appropriate spacing of three meals and snacks throughout the day to make high-calorie meals more manageable and allow the digestive system to work more efficiently.

While these strategies are helpful, they are not sufficient to overcome all the challenges of the refeeding process. The process is best monitored in an inpatient setting, where health professionals can effectively address comorbidities and avoid the potential electrolyte shifts and metabolic complications of refeeding syndrome.

At Princeton Center for Eating Disorders, nutritional therapy in a structured meal environment is accompanied by close medical monitoring, access to care from a broad array of health disciplines, and psychological interventions. This approach supports patients and their families with tools for achieving successful meal compliance and positive longer-term outcomes.

Source: Up to the Plate: A F.E.A.S.T. Family Guide to the Importance of Nutrition for Understanding and Treating Eating Disorders, 2015. www.feast-ed.org.

MEET THE TEAM

New Team Member Serves as Resource for Providers



Casey Shamy, MSW has joined Princeton Center for Eating Disorders as Clinical Outreach Coordinator. She serves as a point of contact for the many providers and referral sources who treat individuals of all ages and genders with eating disorders. Previously, Shamy has held roles as an intake coordinator and discharge planner with other behavioral health providers in New Jersey.

Shamy has always had an interest in the psychology of eating disorders, and through her outreach role she pairs that with her passion for building relationships.

"It's so rewarding to connect professionals with the resources their patients need when struggling with an eating disorder," says Shamy. "The team here is incredible, and I'm proud to be a part of it."

Shamy is available to answer questions, provide information about Princeton Center for Eating Disorders services, or arrange a tour. She can be reached at 609-455-7183 or cshamy@princetonhcs.org.

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THE RECIPE FOR PROGRESS

Every Wednesday, Princeton Center for Eating Disorders patients are busy in the kitchen measuring ingredients and following recipe steps to prepare two food items from scratch. Participants in this **Cooking Group** choose one of the items as a snack for that day, sharing the food in a group setting.

“Seeing what goes into a recipe and participating in the process can make it less scary,” says Eric Cassara, RD, Nutrition Therapist at Princeton Center for Eating Disorders and a group facilitator. “It’s a unique offering for a hospital setting, and it’s empowering when patients make something and enjoy it.”

Adult patients must be at a certain level in their recovery to participate, so it’s often an incentive in goal setting. A separate group is offered for pediatric patients.

“Cooking Group gets patients into the kitchen to work with food while making it fun,” explains Natalie Mundt, RD, Nutrition Therapist and group co-facilitator. “We try to promote variety and incorporate challenge foods that they can prepare and consume in a supportive environment.”

Behind the scenes, Cassara and Mundt plan weekly recipes well in advance, working with the Princeton Medical Center chef to order ingredients for recipes ranging from apple muffins to yogurt parfaits. They handle some prep work, explain recipe steps, and provide education, including tips on safe food preparation. They also process the experience with patients in their one-on-one sessions.

“When a patient asks for a recipe at discharge, it’s a breakthrough moment,” adds Cassara. “Little victories like these throughout the recovery process make it very rewarding.”