

Stepping back into Life

PRINCETON CENTER FOR EATING DISORDERS



Creating a Safe Space: Eating Disorders in Transgender Teens

Negative body image is often a major component in the development of an eating disorder. For transgender adolescents—who usually experience significant body dissatisfaction—negative body image

can be further magnified by additional challenges of the teenage years, including the physical and emotional changes of puberty and the quest to develop one's identity.

Paired with health care inequities frequently faced by the transgender community, it's not surprising that transgender teens face a greater risk for eating disorders. In fact, one study of college students found that transgender individuals were four times more likely than their cisgender female peers to report an eating disorder diagnosis such as anorexia nervosa or bulimia, and two times more likely to report eating disorder symptoms like purging.¹

"It's become increasingly common to have transgender youth in treatment here, including those who open up about their gender identity for the first time," says Janine Averbach, MSW, LCSW, Senior Primary Therapist at Princeton Center for Eating Disorders. "We have an incredible opportunity to allow them to explore their gender in a safe space, which for some has included name/pronoun preferences or haircuts and wardrobe changes. With respect to family involvement, parents also can openly process their feelings, which may include a sense of grief or loss."

Stop by and see us
at ASAP NJ 2020,
Atlantic City, NJ

FEBRUARY 28-MARCH 1



Stop by our booth at the Association of Student Assistance Professionals of New Jersey 33rd Annual Conference and say hello to Casey Shamy, MSW, Clinical Outreach Coordinator at Princeton Center for Eating Disorders.

Princeton Center for
Eating Disorders is located
at Penn Medicine Princeton
Medical Center.

877.932.8935
princetonhcs.org/eatingdisorders

1. Diemer EW, Grant JD, Munn-Chernoff MA, et al. Gender identity, sexual orientation, and eating-related pathology in a national sample of college students. *J Adolesc Health*. 2015; 57:144–149.



According to Medical Director Najeeb Riaz, MD, eating disorders can develop among transgender teens when they try to control the changes of puberty, a critical phase of development, which makes weight gain during treatment especially difficult.

“Malnourishment can suppress the development of secondary sex characteristics, so transgender males may use restricting or purging behaviors to suppress feminine changes and menstruation, while transgender females may do the same to reject their developing masculine features,” says Dr. Riaz. “But weight restoration in a medically secure manner is imperative to recover from an eating disorder and its comorbidities.”

It can be challenging to validate feelings about recovery while still embracing a recovery-oriented model of care. Yet once patients achieve a healthier physical state and gain positive coping mechanisms, they have a greater ability to pursue any longer-term goals related to gender. Establishing trust can enable this work to be accomplished.

“For any patient, it’s important to begin building rapport from day one,” adds Dr. Riaz. “With transgender teens, it’s even more critical, as they are often very wary about acceptance and sharing intimate details that they may have regretted discussing in the past. As caregivers, we are in a unique position to show compassion and understanding in helping those who may have been treated unfairly elsewhere regain their health and mental well-being.”

A Leader in LGBTQ Healthcare Equality

Penn Medicine Princeton Medical Center, home of Princeton Center for Eating Disorders, recently was awarded LGBTQ Healthcare Equality Leader designation by the Human Rights Campaign® (HRC) Foundation in the Healthcare Equality Index (HEI) 2019, which surveyed health care institutions across the country. The HRC Foundation is the educational arm of America’s largest civil rights organization working to achieve equality for lesbian, gay, bisexual, transgender, and queer people. Participating in the survey for the first time, Princeton Medical Center earned the top score of 100 to receive the designation of LGBTQ Healthcare Equality Leader.

Equitable Care for All

At Penn Medicine Princeton Health, all patients, without exception, have the right to high-quality, unbiased, patient-centered health care, regardless of sexual orientation or gender identity or expression.



Tips for Working with Transgender Teens

Maggie Moran, LCSW, Senior Therapist at Princeton Center for Eating Disorders, offers these tips for behavioral health providers working with transgender patients to provide care in an informed, compassionate, and effective manner:

▲ Don’t make the faulty assumption that transgender teens are going through a phase, or that it’s a whim. There is neurological and genetic evidence to support that transgender individuals legitimately experience themselves as the opposite gender.

▲ Always use the preferred pronoun, even if it does not match their current presentation.

▲ Don’t assume a sexual orientation based on gender identity—these are two separate concepts. A transgender individual can be anywhere on the spectrum between gay and straight, just like a non-transgender individual.

▲ While a transgender teen should not be defined by their transgender identity, it also shouldn’t be ignored. Consider asking the following questions:

- When did you begin to notice that your gender identity didn’t match your assigned sex?
- Did you communicate this to anyone?
- If so, how did they respond?
- Did you hide your gender identity from others?
- What feelings did this evoke?

▲ Above all, be compassionate. Chances are that these teens have been misunderstood and have experienced discrimination or even overt hostility on a daily basis. Address defensiveness or difficulty sharing with understanding and patience.

Eating Disorders & Emotional Eating: When to Refer Where

Disordered eating can encompass a spectrum of physical, psychological, and social problems, which sometimes makes it challenging to distinguish when a patient requires inpatient eating disorders care versus treatment in an outpatient emotional eating track. With both programs available through Princeton Center for Eating Disorders and Princeton House Behavioral Health, Admissions Department staff are available to referring clinicians to discern which is most appropriate for patients requiring a higher level of care. In addition, cross-referral between these two programs is seamless when needed.



Inpatient Eating Disorders Care

Patients with disordered eating who are under 85 percent of their ideal body weight and have medical comorbidities may be candidates for inpatient treatment at Princeton Center for Eating Disorders. The center accepts patients of all genders ages 8 and older.

“If a patient is medically compromised or cannot control behaviors in the absence of 24/7 support, an inpatient eating disorders program is probably needed to disrupt the cycle of symptoms and begin stabilization,” says Janine Averbach, MSW, LCSW, Senior Primary Therapist at Princeton Center for Eating Disorders. “At this level of care, we provide intensive psychotherapy and psychoeducation, weight restoration support, medical monitoring, and immediate access to on-site specialists.”

While patients requiring inpatient eating disorders treatment often have co-occurring mood disorders or have experienced past trauma, an eating disorder is generally the primary diagnosis.

Outpatient Emotional Eating Treatment

Patients with mood disorders and disordered eating behaviors who are at least 90 percent of their ideal body weight and have a BMI of at least 18, with some exceptions, may be candidates for the Emotional Eating Track (EET) at Princeton House.

“Emotional eating is usually a maladaptive coping mechanism for an underlying mood disorder like depression or anxiety,” says Katie Gaffney, Registered Dietitian at the Princeton Women’s Program and Adolescent Program. “Patients may have similar disturbances in functioning as those requiring inpatient care, but they’re not as medically compromised.”

The Emotional Eating Track is available to women and now to teens of all genders ages 13 to 17 at Princeton House’s outpatient site in Princeton. It offers a traditional EET option as well as a more targeted dialectical behavior therapy (DBT) option for those who have suicidal ideation or the potential for self-harm. Both provide psychoeducation, psychotherapy, and practical eating strategies and are offered three days per week for three hours or five days per week for six hours, depending on acuity.

To refer a patient, please contact the Admissions Department at 888.437.1610.

CODE LAVENDER: Helping Colleagues When in Crisis



It's no secret that working in behavioral health care and other helping roles can lead to compassion fatigue. According to the nursing team at Princeton Center for Eating Disorders, an episode of acute compassion fatigue in a colleague shouldn't be a secret, either.

Last year, nurses Annie Hoang, RN, BSN and Lisa Sabo, RN-BC, BSN presented a caregiver crisis intervention plan to their Unit-Based Nursing Council. This led to the implementation of Code Lavender, a rapid response protocol for caregivers experiencing acute stress. The concept, which originated in Hawaii, has since been adopted by the Cleveland Clinic and other hospitals nationwide.

"Health care is about constantly being there for others and embracing a philosophy of caring," says Hoang, who is certified in the practice of Reiki healing. "That level of caring extends to our fellow team members as well. Making room to nurture a caregiver who is struggling enables us to continue to do what we love to do."

Code Lavender is focused on crisis intervention rather than burnout prevention. According to Hoang, recognizing and taking care of acute stress in the moment can help prevent it from being held in the body, where it lingers and impacts well-being on a deeper level—especially for health care providers.

HEALING TOOLS

Any team member can call a Code Lavender if they notice a colleague in distress. That staff member is encouraged to take 5 to 15 minutes for self-care, with options such as:

- Seeking solitude to practice self-soothing techniques like mindfulness
- Using the Code Lavender box, which contains items ranging from therapeutic music and audiobooks to aromatherapy and calming teas
- Talking through an experience with a manager, colleague, or chaplain
- Getting fresh air or taking a walk

"A crisis affects everyone differently, and we want our team to understand that it's normal to experience heightened emotions during stressful situations," adds Hoang. "We've seen many positive outcomes since implementing Code Lavender, including an increased sense of cohesiveness and a higher level of mental health awareness among peers."

Turning the Focus Inward

If you're a behavioral health provider who is experiencing any of the following signs of compassion fatigue, take time for focused self-care or share your feelings and concerns with peers or your own therapist.

- Rumination or preoccupation with negative thoughts or experiences
- Sleep disturbances
- Increased anxiety, irritability, sadness, or sensitivity
- A prolonged state of heightened emotions

“As health care professionals, sometimes caring for ourselves is easier said than done, so it takes discipline to turn our lens inward,” says Hoang. “But we can't take care of others to the best of our ability if we're not cognizant of our own well-being.”



New Director at Princeton Center for Eating Disorders

Robbi Alexander, PhD, APN, PMHCNS-BC recently was named Administrative Director of Psychiatry at Princeton Medical Center, and Director, Princeton Center for Eating Disorders. Dr. Alexander brings a high level of knowledge and experience in mental health and eating disorders

to this position. She previously held a number of management and nursing roles at Princeton House, and served as an advanced practice nurse in the Bristol-Myers Squibb Community Health Center at Princeton Medical Center since 2016. Most recently, she was Assistant Professor of Nursing at University of Delaware, School of Nursing and at Moravian College in Bethlehem, PA.

Certified as a clinical nurse specialist in adult psychiatric and mental health nursing, Dr. Alexander earned her PhD in nursing science at the University of Delaware. She has served as principal and co-principal investigator for a number of research studies related

to mental health nursing and eating disorders, and she is published in several nursing journals.

Dr. Alexander assumes the role formerly held by Lynnette Peoples, MSN, PMHCNS-BC, APN, who is now a provider for the Women’s Program in Princeton, home of the Emotional Eating Track for women and teens. We are pleased to continue working with Lynnette as she shares her extensive eating disorders expertise with women and teens at the partial hospital and intensive outpatient levels of care.

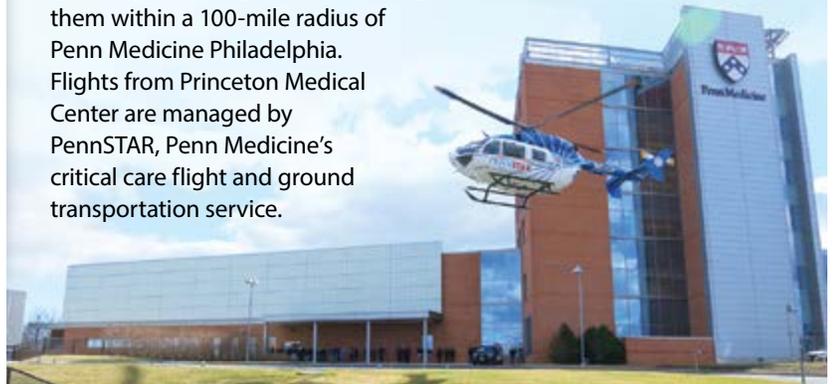
NURSES EARN PSYCHIATRY CERTIFICATIONS

Princeton Center for Eating Disorders nurses are highly trained in their fields, with certifications ranging from emergency and medical/surgical care to oncology and gerontology. The following nurses recently earned **psychiatric-mental health nursing certifications** from the American Nurses Credentialing Center, attesting to their commitment to exceptional patient care and the latest evidence-based behavioral health practices.

- Brian Lake, RN-BC
- Anna Lybarger, RN-BC
- Lisa Sabo, RN-BC
- Corinne Timberman, RN-BC

New Helipad Enhances Access to Critical Care

As part of Princeton Health’s commitment to streamlined access to high-level care, a new helipad is now in service at Princeton Medical Center. The helipad is available for incoming Princeton Medical Center or Princeton Center for Eating Disorders patients requiring emergency care, and for transporting critically ill patients to a hospital of their choosing that is capable of receiving them within a 100-mile radius of Penn Medicine Philadelphia. Flights from Princeton Medical Center are managed by PennSTAR, Penn Medicine’s critical care flight and ground transportation service.



PRINCETON HEALTH CENTENNIAL CELEBRATION

Join us under the “Big Top” on **Sunday, November 24 from 9 a.m. to 2 p.m.** at Princeton Medical Center for a community event celebrating 100 years of service to the region. This hands-on interactive event for all ages will feature community yoga at 9 a.m., as well as mindfulness exercises, da Vinci® surgical technology, cooking demonstrations, virtual reality experiences of what it’s like to be under the influence or suffering from dementia, and more.

To learn more, visit princetonhcs.org/100years.

609.853.7575
princetonhcs.org/eatingdisorders

Weekend Goals: Practice, Then Process

ON WEEKENDS at Princeton Center for Eating Disorders, patients have the opportunity to experience a shift in pace and routine while benefiting from a range of therapeutic offerings.

"Weekends are an opportunity for patients to implement the tools and skills they've learned throughout an intensely structured week, and then process those experiences the following week," says Allison Lansky, EdS, LMFT, CEDS, NCC, Lead Senior Primary Therapist. "On weekends, patients have more choices and can practice independence in selecting therapeutic groups, connecting with others, and participating in off-site outings."



SAT | SUN

In addition to psychiatrist-led groups, several different types of structured groups are available on weekends:

NURSE-LED HEALTH PROMOTION GROUPS help patients understand the impact of eating disorders on their bodies from a more medical perspective. "We cover topics like the mind/body connection and the body's attempts to maintain homeostasis," says psychiatric mental health nurse Lisa Sabo, RN-BC, BSN, who helped develop the series. "It's a different way of looking at how eating disorders affect the whole person."

THERAPEUTIC AND SKILLS-BASED GROUPS with mental health associates range from coping skills and team building to recreation therapy.

MULTIFAMILY GROUPS enable families to share their experiences and learn from each other. Patients ages 18 and older can attend one of these groups with their loved ones.

Additional weekend options include:

- Pre-planned weekend passes with family members or loved ones for eligible patients, as determined by the treatment team based on care level status and medical assessment.
- Extended visiting hours to spend time with family and loved ones. This is particularly helpful for families who live far away and are unable to visit during the week.
- The opportunity for pediatric patients and families to practice an unsupervised family meal in a special onsite dining room once they have successfully completed a supervised family meal, based on a family-based treatment informed protocol.
- Group walks to enjoy nature and practice mindfulness.
- Non-denominational worship services facilitated by a chaplain.

 *Weekends are carefully planned to be both restorative and therapeutic, and each patient experiences them differently," adds Lansky. "With the support of the care team and family members in processing those experiences, patients can reinforce the skills they need for sustained recovery and as they progress in their next level of care."*