

# Center for Eating Disorders Care

at University Medical Center of Princeton

## Stop by and see us at the BEDA/NEDA Conference

Say hello to our staff members in the exhibit hall at the 2017 Binge Eating Disorder Association (BEDA) National Conference, in partnership with the National Eating Disorders Association (NEDA).

**“Building Resilient Communities Through Collaboration”**

**November 2 to 4  
Brooklyn, NY**

## PARTIAL HOSPITAL PROGRAM

### Help Patients Step Back into Life with our Expanded Partial Hospital Program

- Up to five days per week
- Option of two or three meals daily
- Distinct dining room, groups, and experiential opportunities

Call 609-853-7575 for more information or to make a referral.



## Treating Eating Disorders in Special Populations

Eating disorders have historically been perceived as the realm of the adolescent girl, but this certainly is not the reality in today's world. Children and adults of all ages and genders present with anorexia nervosa, bulimia nervosa, and a host of related disorders.

To provide health care professionals with valuable insight in treating children, men, those identifying as transgender, and those with severe and enduring eating disorders, the Center for Eating Disorders Care at University Medical Center of Princeton will hold a conference on **“Treatment Strategies for Special Populations with Eating Disorders”** on Friday, October 27 from 8:30 a.m. to 3:30 p.m. at University Medical Center of Princeton.

**5 CEUs/  
Contact Hours  
Pending**

“Eating disorders are challenging to begin with, but in certain populations there are even more complex body image, age, stigma, and gender factors to consider,” says Najeeb Riaz, MD, Medical Director of the Center for Eating Disorders Care. “As a treatment center with experience in treating a broad spectrum of special populations, we’re pleased to convene thought leaders to identify challenges in four of these areas and provide strategies that can help providers more effectively engage with patients, build trust, and tailor treatment.”

*(continues inside)*



**Center for Eating Disorders Care**  
University Medical Center of Princeton  
One Plainsboro Road, Plainsboro, NJ 08536

609.853.7575  
princetonhcs.org/eatingdisorders

## FALL SYMPOSIUM:

### Treatment Strategies for Special Populations with Eating Disorders

Friday, October 27, 2017

8:30 a.m. to 3:30 p.m.

Education Center at  
University Medical Center  
of Princeton  
One Plainsboro Road  
Plainsboro, NJ 08536

#### COST:

\$100

Includes breakfast and lunch

#### CEUs:

5 CEUs/Contact  
Hours Pending

For social work CEU information, please contact [eatingdisorders@princetonhcs.org](mailto:eatingdisorders@princetonhcs.org).

#### RSVP:

By Monday, October 16, 2017

**online:** [princetonhcs.org/events](http://princetonhcs.org/events)  
(enter keywords "eating disorder")

**by phone:** 1.888.897.8979

#### DIRECTIONS:

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



Providing case studies, current research, and experiences, distinguished speakers will offer both insight and therapeutic techniques for clinicians working with special populations. Conference topics and speakers include:



#### Using Contemporary Approaches to Weight, Feeding, and Health to Achieve Remission in Pediatric Eating Disorders

**Rebecka Peebles, MD**, Co-Director, Eating Disorder Assessment and Treatment Program, Children's Hospital of Philadelphia

Dr. Peebles will identify the pros and cons of different techniques used in determining goal weight in pediatric patients with eating disorders. She will define newer DSM-5 diagnoses such as atypical anorexia nervosa, and discuss various nutritional pathways used to achieve weight restoration and involve parents in refeeding.



#### It's a Transgeneration: Eating Disorders and Transgender Medicine

**Rachel L. Levine, MD**, Physician General, Commonwealth of Pennsylvania

Dr. Levine will describe the incidence of eating disorders in transgender patients. She will explain the difference between gender identity and sexual orientation, describe the standard of care for transgender patients, and review current research findings on transgender patients with eating disorders.



#### Men, Midlife, and Eating Disorders: Gender and Developmentally Sensitive Psychotherapy

**Douglas W. Bunnell, PhD, FAED, CEDS**, Chief Clinical Officer, Monte Nido & Affiliates

Dr. Bunnell will explore some of the gendered aspects of eating disorders in men, with a focus on the ways male midlife development and identity adaptations affect symptom presentations, motivation, and treatment engagement. He will review steps clinicians can take to identify, monitor, and communicate their awareness of gender and developmental issues in their psychotherapy work.



#### The Disordered-est of Eating Disorders: Therapeutic Approaches for Adults with Severe and Enduring Eating Disorders

**Melinda Parisi Cummings, PhD**, Assistant Professor, Graduate Program in Counseling Psychology, Holy Family University (previously Program Director of the Center for Eating Disorders

Care at University Medical Center of Princeton)

Dr. Parisi Cummings will describe an identifiable profile of patients with severe and enduring forms of eating disorders and present treatment paradigms and approaches to therapeutic engagement when working with this patient population. Case studies will be presented to explore the ethical and legal dilemmas that may arise over the course of this work.

# Middle-Aged Women with Eating Disorders: Disconnected and Disordered

**To the outside world, life can look perfectly normal for a middle-aged woman in suburbia with a family and a career. But in some cases, suffering is beneath the surface, manifesting itself in an eating disorder.**

In recently published findings from a longitudinal study subset of more than 5,000 women, 15.3 percent had met criteria for a lifetime eating disorder by midlife, while the 12-month prevalence was 3.6 percent.<sup>1</sup> The study concluded that active eating disorders are common in midlife, both due to new onset and chronic disorders.

“Women in their forties through sixties with eating disorders are a very underserved population,” says Allison Lansky, EdS, LMFT, NCC, Lead Senior Therapist at the Center for Eating Disorders Care at University Medical Center of Princeton. “In our culture, eating disorders are sometimes still perceived as a vanity illness among adolescents or young adults. The pressure that women are expected to be ‘over it’ adds to feelings of shame and the desire to hide the problem, and can hinder the capacity to seek treatment.”

While some eating disorder cases first present in midlife, it is more common for a woman to be silently struggling throughout life or for an eating disorder to reappear later in life, according to Lansky. Women face new stressors as they age, including physical changes like menopause and emotional issues ranging from empty nest syndrome to divorce, relationship problems, or the death of a parent—all things that can trigger a relapse.

## Establishing a Connection

Women in midlife who may be struggling with an eating disorder—along with the stressors common at this life stage—may feel lonely or disconnected, so it’s especially important to establish a connection during treatment. Lansky suggests that therapists:

- › Connect with patients based on their own style
- › Use a compassionate, nonjudgmental approach to help patients feel empowered by the therapeutic relationship
- › Include loved ones in a frank dialogue, since women in this age group often have responsibilities caring for family—both children and parents
- › Demonstrate that positive change is possible, as women with longstanding suffering often have given up hope



*Therapists* can help women in midlife recognize and reinforce positive accomplishments in their lives and provide tools like cognitive behavioral therapy to change thinking,” says Lansky. “When more intensive care is needed, the Center for Eating Disorders Care at University Medical Center of Princeton offers both inpatient and partial hospital treatment that focuses on each patient’s individual journey to recovery.”

1. Micali N, Martini MG, Thomas JJ, et al. Lifetime and 12-month prevalence of eating disorders amongst women in mid-life: A population-based study of diagnoses and risk factors. *BMC Medicine* 2017. 15:12.

## New Center for Eating Disorders Care Director



**Lynnette Peoples, MSN, PMHCNS-BC, APN** has been named Administrative Director for Hospital Psychiatry and Director, Center for Eating Disorders Care at University Medical Center of Princeton. In this role, Peoples will provide oversight to the Behavioral Health Emergency Department, the Department of Consultation/Liaison Psychiatry, and the Center for Eating Disorders Care.

Board certified in Adult Mental Health Nursing and fellowship trained in Child/Adolescent Psychodynamic Psychotherapy, Peoples has been with Princeton HealthCare System since 2015, serving as an Advanced Practice Nurse/LIP for the Department of Consultation/Liaison Psychiatry and Attending APN for the Center for Eating Disorders Care.

In the role of Director, Center for Eating Disorders Care, Peoples succeeds **Melinda Parisi Cummings, PhD**. Under Dr. Parisi Cummings' leadership, the Center for Eating Disorders Care has grown to a robust, 22-bed acute psychiatric program able to treat patients with complex medical comorbidities. We wish Dr. Parisi Cummings all the best in her new position, shepherding future therapists as Assistant Professor in the Graduate Program in Counseling Psychology at Holy Family University.

## From Eating Disorder to Recovery Advocate: One Young Woman's Story



At age 13, Christina Miranda's first time away from home on her own was an inpatient stay at the Center for Eating Disorders Care at University Medical Center of Princeton. She had begun focusing on her weight during the summer before seventh grade, but this interest quickly turned into an obsession. Soon, the active, social cheerleader was avoiding friends and worrying her parents. Health issues became apparent when she passed out at school and was rushed to the hospital with an extremely low heart rate.

"Inpatient care was my only option," recalls Christina. "I learned a lot of valuable things during treatment, but I wasn't at the point where I was trying to get better for myself. I was complying with treatment to get back to my life."

Five months after completing inpatient and partial hospital treatment, Christina fully relapsed and returned to the inpatient program at the Center for Eating Disorders Care.

### Setting Sights on Recovery

"I realized that if I wanted to recover, it had to be for me," says Christina. "There were days that it seemed impossible, but I started to believe I could do it. I was honest with myself and my treatment team, and I put my trust in them. I wanted to enjoy the other things that make me who I am—and that meant there was no place in my life for my eating disorder."

Christina worked with her team to set small goals, or "tiny wins," that brought her closer to her overall recovery goal. She integrated treatment tools into her home life with the help of her parents, and she started talking about her experience once she returned home. During her freshman year, she began coordinating National Eating Disorders Awareness Week activities at her high school—an undertaking that has evolved into a week-long annual event.



**Now 18, Christina graduated from high school in June as valedictorian and student council president.** She speaks about her experience at middle schools, hospitals, colleges, and treatment centers, including the Center for Eating Disorders Care. This fall, she is pursuing one of her dreams: attending the University of Pennsylvania to study neuroscience.

“Recovery is not only possible, but it’s worth it,” says Christina, who attributes both treatment experiences as integral to her journey. “I’ll never stop talking about it. I was able to overcome my eating disorder, and my mission is to pay it forward to others who are struggling.”

*“In addition*

*to early intervention, access to high-quality treatment, and supportive family or interpersonal relationships, one of the key predictors for effective recovery is hope,”* says Lynnette Peoples, MSN, PMHCNS-BC, APN, Administrative Director for Hospital Psychiatry and Director, Center for Eating Disorders Care at University Medical Center of Princeton. *“Sometimes the therapist must serve as the source of hope during times when recovery seems impossible to the patient, but nonetheless, hope is critical.”*

609.853.7575  
[princetonhcs.org/eatingdisorders](http://princetonhcs.org/eatingdisorders)

## Weekend Passes Help Pave *the* **Road to Recovery**

Each week, inpatients at the **Center for Eating Disorders Care** work toward a goal that's both rewarding and a key step toward recovery: the ability to use weekend passes. Eligibility for a Saturday and/or Sunday pass is based on care level status, a medical assessment, and specific weight gain during the preceding week for those needing weight restoration.

"Weekend passes provide inpatients with an ideal opportunity to practice the skills they're learning during treatment," says Eric Cassara, RD, Nutrition Therapist at the Center for Eating Disorders Care. "They can explore these opportunities while they still have the full support of the treatment team behind them to offer guidance and help them process their experiences."

Prior to any pass, patients meet with a nutrition therapist to set a pass plan that helps translate their food choices and nutritional needs to restaurant menus or other meal settings outside of the treatment program. Upon their return, patients meet with nursing and nutrition staff to evaluate their choices, feelings, successes, and challenges.



*"It's a big motivator* for many of our patients, and the work they put in contributes to short- and long-term recovery goals," adds Cassara.

"When patients have a positive experience, it's very empowering. It builds confidence and pride to know they have the ability to make spontaneous food choices on their own."