

Princeton Center for Eating Disorders *journeys*



PANDEMIC IMPACT

Is Far-Reaching for Those with Eating Disorders

Since the COVID-19 pandemic began, increased levels of stress, anxiety, and depression are widespread across America. For those at risk for or those with current eating disorders, the challenges and mental health fallout appear to be compounded.

At Penn Medicine Princeton Center for Eating Disorders, the interdisciplinary team has worked with patients to identify these issues, determine the impact on hospitalization and eating disorder symptoms, and address them in the context of overall treatment.

According to Senior Eating Disorders Therapist Alison Locklear, LCSW, 90 percent of the adult and adolescent patients she counseled between August 2020 and February 2021 cited the pandemic as a contributing factor to eating disorder symptoms. Half of her patients—all adults—had prior treatment and cited the pandemic as a factor in their relapse.

In addition to an overall increase in admissions due to the pandemic, Nutrition Therapist Kelly Davidson, RDN reports that patients have cited higher levels of anxiety and depression and an increased use of eating disorder behaviors to manage these symptoms and fill time in isolation, which can result in a downward spiral.

continues on page 2 >

In the words of our patients:

“I believe if it wasn’t for COVID, I wouldn’t be in the hospital.”

“The things I went through in the past few years were the match for the eating disorder and COVID was the fuel on the fire.”



“Since the pandemic started, I lost all of my jobs which made me lose purpose in life. I feel like I’m not contributing to the world...It’s made me more aware of my eating disorder since I’m just sitting around all day. It’s the only thing I focus on.”

“Mentally, I’ve never felt worse... If it wasn’t for the COVID pandemic, my eating disorder and mental state wouldn’t have gotten to such a severe point because of how out of control and terrifying everything felt.”

Based on patient feedback, themes emerged as contributors to an increase in eating disorder symptoms and hospitalization:

Isolation/quality of life. One focus of treatment is to help patients create an identity and a life outside of their eating disorder. Yet the pandemic has forced people to retreat inward. When connections to family, friends, school, and activities that enhance quality of life and help keep symptoms at bay are no longer accessible, isolation with one’s eating disorder can very easily make it the primary focus.

The perils of social media. Isolation in the real world has led to a greater reliance on a virtual world full of misinformation and societal pressure, including dieting and exercise trends that influence eating behaviors. It can be easy to believe that false ideals are attainable—especially for those seeking ways to make themselves feel happier. Because this is not a solution to deeper problems, it can make them feel more broken.

Additional food-related anxiety. Food-related COVID-19 challenges have been especially difficult for those with eating disorders—from grocery store safety concerns and issues with food access to fewer opportunities to practice skills in settings like restaurants.

Family/home dynamics. If an eating disorder was used to cope with criticism, trauma, or negative relationships at home, or if family members also have eating disorders, being forced to coexist with those stressors and isolate from sources of support can magnify symptoms.

“The more providers can be aware of their patients’ virtual lives and whether symptoms may be worsening, the better,” says Davidson. “Due to pandemic challenges, more patients may require referrals to a higher level of care.”

SOURCES OF SUPPORT

To counter some of these negative impacts, the Princeton Center for Eating Disorders team has placed a greater focus on helping patients visualize the pathways to hope—from the nurse-facilitated psychoeducational group on engendering hope to the new “Nature in Us” group described in this newsletter. In the context of COVID-19, this sometimes involves reframing expectations or exploring nontraditional approaches. For example, someone whose motivating goal was going to college in person may still be able to take steps toward that goal, such as researching colleges and courses of study.

Likewise, comprehensive discharge planning is needed more than ever. From day one, the Princeton Center for Eating Disorders team works to identify the additional barriers and contributing factors that may exist at home so that they can be addressed in discharge planning. This has included connections to food banks, meal delivery services, virtual support groups, virtual community groups, National Eating Disorders Association (NEDA) resources, and more.

“We’ve seen a lot of resilience and creativity among treatment team members in linking patients to any resources we can find,” says Locklear. “In the eating disorders community, professionals are all coming together to help each other battle the same issues.”

Finding a Middle Ground with Body Neutrality



For those with a negative self-image, the concept of body positivity can feel nearly impossible to achieve. In fact, some research has shown that positive affirmations may be beneficial for those with high self-esteem, but can make people with low self-esteem feel even worse. That's because inner turmoil can result when affirmations are completely contrary to deeply held and sometimes even unconscious negative beliefs about oneself.

For patients with eating disorders, the concept of body neutrality is an alternative approach designed to find a middle ground. It's the focus of a new Princeton Center for Eating Disorders psychoeducational group called "Emotion and Identity," facilitated by Senior Eating Disorders Therapist Alison Locklear, LCSW. The group helps patients explore more deeply who they are as a person and strengthen the parts of themselves that are sometimes forgotten when struggling with an eating disorder.

"Body neutrality is more attainable and sustainable than body positivity, especially for those with eating disorders," explains Locklear. "Rather than jumping ahead from a negative body image to body positivity, this approach focuses on the self-reflection and deep emotional work that exists between the two."

Because emotions are heavily linked to how people feel about their bodies, each session focuses on breaking down a specific emotion, such as happiness, guilt, or shame. A session on happiness might include remembering an enjoyable experience and considering what body parts were integral to experiencing that emotion and how they function to simply enable life activities.

Held weekly for adults, the group seeks to help patients:

- Consider how they were raised to feel about their body and their identity
- Examine where distorted thoughts might be coming from and what led them to where they are
- Identify what parts of themselves they want to strengthen
- Challenge all or nothing thinking—for example, a bad day can just be a bad day and not a reason to magnify negative thought patterns
- Be gentle with themselves
- Set the groundwork for next steps after discharge

Often, negative body image is masking something else, and behavioral health providers can assist patients in identifying those deeper issues by continuing to ask why at every step of treatment, according to Locklear. During this process, providers can help patients focus less on how the body appears, and more on how it functions as we live our lives.

"Having body positivity is a full-time job—your body should be the least interesting thing about yourself," she adds. "When we swing to a neutral space, it frees up room to explore and build on the more important aspects of self, including goals, dreams, and relationships."

The Nature of the Human Spirit

An idea began to grow for Chaplain Intern Sarah Freisleben, BSW as she observed the nurse-facilitated psychoeducation group on engendering hope at Princeton Center for Eating Disorders. She considered how gardening and nature could be a helpful comparison for those trying to nurture hope—complete with its parallels to control, lack of control, waiting, loss, expectation, and natural growth.

“Nature is a more accessible part of what comprises spirit for us as people, helping us create meaning,” explains Freisleben. “As I was coping with the challenges of the pandemic, my personal source of comfort was gardening. In the context of our discussions on hope, it became very clear that nature could be a resource for patients with eating disorders. Even for those who feel they have no other source of spirituality, nature is present for them.”

Freisleben then worked with the Princeton Center for Eating Disorders team to develop the “Nature in Us” group for adults hospitalized with eating disorders. Designed to give patients the language to discuss change, the curriculum helps them reflect on nature in the environment to create a clearer pathway to reflection on the personal experiences intrinsic in human nature.

“We can observe a flower or tree and easily accept its nature and resilience,” says Freisleben. “Yet when we look at ourselves, it can be more difficult to accept our own human nature. When patients try to hold the nature around them closer, they can make more connections to the recovery journey. The parallels to nature mean that recovery is not only possible—it’s hopeful.”

From seeds to sunlight, each session focuses on an overriding concept as patients plant and care for flower bulbs. As an example, the sunlight that flowers lean toward is something that can be seen and felt but not touched or held, correlating to the love and sense



of belonging needed by humans. Considering the concept in nature can be a more accessible way to explore how it might be seen in the lives of patients. Likewise, seeds are full of potential, as are people, and wonderful things can grow from them despite the challenges of weeds.

Patients have responded positively to the group, which also features meditative exercises, journal reflections, and messages of hope.

“So much of the recovery process is trying to get to a place of safety in the body, mind, and world,” adds Freisleben. “Nature is a reliable resource and a safe space we can always return to, even if simply through meditation. As patients consider how they can build meaning in their lives, the connections to nature can help them access the most tangible parts of themselves.”

Two IRB-Approved Protocols Underway

Evidence-based protocols on severe and enduring anorexia nervosa (SE-AN) and diabetes in patients with eating disorders are now underway at Princeton Center for Eating Disorders. Both received Institutional Review Board (IRB) approval in 2020. IRB approval is required by the FDA to review and monitor biomedical research involving human subjects.

Following a review of the literature and perspectives gathered from outpatient providers, the SE-AN protocol was developed. The protocol espouses a harm reduction model, promoting improvement in medical and psychological safety, avoidance of further negative consequences of illness (including additional failure experiences), and improvement in quality of life, with less focus on specific weight restoration targets. Treatment includes an explicit focus on enhancing adaptive functioning and social adjustment, collaborative vs. prescriptive goal setting around weight gain, and an appreciation for the lived experience of those with SE-AN. The study team measures engagement in treatment and improvement in retention rates, eating disorders symptoms, and overall function.

The diabetes study is evaluating the effectiveness of a multifaceted, interdisciplinary protocol at Princeton Center for Eating Disorders that provides both medical and psychiatric care in an evidence-based format for patients with diabetes and eating disorders. The goal is to help patients learn how to manage their diabetes while gaining insight and skills to foster recovery of the eating disorder. Measurements include the physical and psychological components of recovery as well as diabetes distress level. Collected data will be incorporated into the protocol to make the treatment plan more robust.

SE-AN Protocol Featured at IAEDP Symposium

As part of the virtual IAEDP annual symposium, Robbi Alexander, PhD, APN, PMHCNS-BC, Director of Princeton Center for Eating Disorders, and Melinda Parisi Cummings, PhD, Assistant Professor in the Graduate Programs in Counseling Psychology at Holy Family University and former Director of Princeton Center for Eating Disorders, discussed the severe and enduring anorexia nervosa (SE-AN) protocol in the presentation, "Is it time for a paradigm shift? An exploration of best practices for severe and enduring anorexia nervosa." Symposium content is available to registrants until September 1 at iaedp.com/annual-conference.



Meet the Team:

Lauren Firman, MHA, BSN, RN, CNML

When Princeton Center for Eating Disorders Nurse Manager Lauren Firman, MHA, BSN, RN, CNML first became a nursing assistant 30 years ago, she fell in love with the profession. She worked on the medical/surgical floor of what is now Penn Medicine Princeton Medical Center as she was earning her nursing degree, leading to a series of full-time nursing roles that eventually brought her to the eating disorders unit.

"This position was the best thing that ever happened to me," says Firman, who is a certified nurse manager and leader now coordinating nursing care at Princeton Center for Eating Disorders. "Behavioral health care is always a component of medical/surgical nursing, but I found it really rewarding to combine this knowledge with an even more personal, holistic approach to caring for patients with behavioral health needs."

Firman enjoys getting to know her patients, fostering an interdisciplinary, evidence-based approach to care, and promoting staff development. At Princeton Center for Eating Disorders, more than half of the nurses have specialty certifications, and others are presently earning them.

"The growing skill sets in nursing practice are truly amazing, and patients benefit as well as staff," adds Firman, who stays current on the latest evidence-based findings through continuing education. "The education of a nurse never stops. When nurses are engaged, they have a voice, remain passionate, and are the best that they can be."



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VIRTUAL Multifamily Groups Enhance Support

Despite the limitations caused by the COVID-19 pandemic, families of inpatients at Penn Medicine Princeton Center for Eating Disorders now benefit from virtual meetings to gain insight on how they can support their loved ones during treatment and help maintain progress after discharge. These multifamily groups are facilitated each Sunday morning by various members of the treatment team, including therapists, nurses, and dietitians.

"The impact of an eating disorder extends beyond the patient," says Primary Therapist Arielle Cosgrove, LSW. "When families and loved ones are engaged in the treatment process, they have more tools to provide support, particularly after discharge. As a result, there's a better chance of positive outcomes."

Two different sessions are available—one targeted to families of children and adolescents, and the other for families and loved ones of adults. To protect patient privacy, staff do not disclose individual patient details during these secure, HIPAA-compliant virtual meetings.

Each week, the sessions feature a new psychoeducation topic ranging from emotion coaching to nutritional needs and medical



complications. This interdisciplinary approach of the group maintains variety and provides unique perspectives. The sessions also leave plenty of time for questions and discussion.



Cosgrove recently facilitated a multifamily group discussion on emotion coaching and validation, a topic of particular importance for children and adolescents with eating disorders.

"When emotions are not discussed, they tend to be enacted through the eating disorder," she says.

"We try to help the entire family system become more comfortable with openly communicating about emotions. Modeling this behavior with consistency and confidence can in turn help patients better communicate their own emotions."

Another benefit of the group is the opportunity to relate to shared experiences.

"The sense of relief when discussing shared experiences reduces feelings of guilt and shame and makes space for more self-compassion," adds Cosgrove. "It's always a moving moment when we see families recognize that they're not alone."

