

Princeton Center for Eating Disorders

journeys

PRIORITIZING GENDER- AFFIRMING *Care*



As some of our most vulnerable patients, transgender and gender-diverse individuals are at higher risk not only for disordered eating, but also for depression, anxiety, substance use, self-harm, and suicide. For these individuals, being uncomfortable in one's body is often paired with experiences of longstanding structural, cultural, and interpersonal discrimination. They may choose to conceal their gender identity to avoid rejection, creating internal stress. Together, these external and internal stressors can worsen both psychological and physical health – resulting in hopelessness and a wide range of health problems, including eating disorders.

“In some cases, disordered eating may initially serve a purpose in shaping the body to become more congruent with one's gender identity,” says Rebecca Boswell, PhD, Supervising Psychologist at Penn Medicine Princeton Center for Eating Disorders. “But an eating disorder can quickly take control. It's not just about appearance – eating disorders can be a way to cope with the trauma of your identity not meeting societal gender-related expectations.”

There is substantial evidence that gender-diverse patients perceive discrimination in the health care environment, including experiences of explicit and implicit bias by providers. Negative experiences in health care settings can contribute to gender minority stress and are linked with delays in seeking care and negative health outcomes.

“As health care providers, we can help break this cycle by providing an environment that adapts to the needs of gender-diverse patients,” adds Dr. Boswell. “Affirming a person's identity is an important aspect of helping them feel safe.”

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The team at Princeton Center for Eating Disorders is embracing strategies to create a more gender-inclusive environment for care, including the following.

Using chosen names and pronouns. This may seem basic, but it can be a lifesaving intervention, according to Dr. Boswell. The use of chosen names in transgender youth is linked to a reduction in depression, anxiety, suicidal ideation, and suicidal behavior. It communicates that providers see, value, and respect a patient's identity.

Accommodating gender-affirming identity materials. If patients use gender-affirming tools such as binders, they can do so during their inpatient stay. Allowing patients to keep these materials in the hospital helps them express who they are.

Offering gender-affirming medical expertise. Because Princeton Center for Eating Disorders is housed in Penn Medicine Princeton Medical Center, patients have the benefit of consultations with multidisciplinary specialists. For example, interventions like hormone therapy can be continued and gender-affirming medical/surgical referrals can be provided.

Following the patient's lead regarding gender and care. A possible goal of treatment is to reach medical stability so that patients can choose to engage in additional gender-affirming care if desired, according to Dr. Boswell. But not all patients want their eating disorders care centered around their gender identity, so honoring boundaries is also important.

Providing gender-related education and training. These efforts can improve cultural competency and provide a deeper understanding of gender-diverse patients. Princeton Center for Eating Disorders has trained all providers in gender-informed care and policies, incorporates this education into staff orientation, and provides ongoing educational opportunities to ensure an inclusive clinical environment. To enhance knowledge for the behavioral health community, a number of these presentations will be available for free this fall and will feature continuing education credits (see right page).

"Most transgender and gender-diverse patients have faced rejection and bias, and anything we can do to provide a supportive environment is worth the effort," adds Dr. Boswell. "These individuals are the experts on who they are, and we take their lead on discussions around gender while promoting acceptance and honoring their identity."



When communicating with patients in a gender-affirming way, you can:

- › Introduce yourself using your pronouns
- › Ask how a person would like to be addressed
- › Use terms that patients use to describe themselves
- › Ask respectfully about legal names if they do not match your records
- › Document sex as assigned male/female at birth
- › Use the patient's chosen name, gender, and pronouns in the chart
- › Help colleagues understand chosen names and correct pronoun usage
- › Respectfully correct others when needed
- › Apologize if you make a mistake

RESEARCH ESTIMATES THAT:

UP TO 18% of transgender and gender-diverse individuals have eating disorders.¹

75% of LGBTQ youth report experiences of discrimination at least once in their lifetime.²

42% of LGBTQ youth and more than half of transgender and nonbinary youth seriously considered attempting suicide in the prior year.²

A new *JAMA* study³ found that gender-affirming care for teens ages 13-18 reduced their rate of moderate to severe depression by 60% and their odds of suicidality by 73% over a 12-month period.

1. Coelho et al, *Curr Psychiatry Rep*, 2019. 2. The Trevor Project National Survey, 2021. 3. Tordoff et al, *JAMA Netw Open*, 2022.



NUTRITION CONSIDERATIONS in Gender-Affirming Care



With no set guidelines and limited literature on nutrition parameters for gender-affirming eating disorders care, navigating inclusive nutrition goals can be challenging.



“Current guidelines are based on a very binary system for males and females in determining target weights and caloric needs,” says **Kelly Davidson, RDN,**

Nutrition Therapist at Princeton Center for Eating Disorders. “It reinforces the fact that the health care system is not up to date on gender-affirming care.”

“We’re faced with navigating these complexities in a way that gender-diverse people navigate the world all the time: the system doesn’t quite fit,” adds Supervising Psychologist Rebecca Boswell, PhD. “That’s a system problem. So we work to mirror and be guided by the flexibility and resilience of our patients when providing care.”

The resulting approach is to individualize nutritional rehabilitation as much as possible – as the team would do for any patient. Davidson also fosters inclusive care in the following ways:



Building a rapport with patients.

Gender identity can be a sensitive topic, but also an intricate part of an eating disorder that should be explored when a patient feels safe doing so. For providers, this means establishing trust, acting as an ally, and being continually open to education about gender-affirming care.

Discussing emotional aspects.

Beyond meal-planning and nutrition calculations, Davidson works with patients to explore the history behind eating beliefs, the elements of adequate nutrition, and how thought distortion can create nutritional problems. She explains that nourishing the body does not validate or invalidate gender identity.



Planning with hormone therapy in mind.

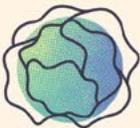
Because testosterone can impact bone density over time, Davidson ensures adequate calcium intake in individuals taking these hormones. She also monitors for a potential drop in phosphorus in patients taking estrogen. In addition, hormone therapy affects muscle mass and energy usage, altering caloric needs. Patients taking testosterone typically see an onset of muscle mass effects in six to 12 months, with a

maximum effect at two to five years.

Those taking estrogen and progesterone tend to experience an onset of decrease in muscle mass within three to six months, with a maximum effect at one to two years.

Considering weight history and lived experience.

Davidson is honest with patients about the challenges of target weights for gender-diverse individuals. But she also factors in weight history and lived experience to identify the weight where patients thrived the most in the past, before being interrupted by eating disorder behaviors. For young patients, pediatric growth charts can assist in this assessment.



“Our goal for every patient is to help them achieve a healthy weight,” adds Davidson.

“This is the point where they are able to nourish the body adequately throughout the day, eat a variety of foods, engage in joyful movement in a way that honors the body, and have a healthy relationship with food. While this looks different for everyone, it’s where we all thrive.”



Gender-Affirming Care Presentations

Princeton Center for Eating Disorders recently offered the following presentation series on gender-affirming care.



Inclusive Care for Gender and Sexual Minority Patients, a

training module to establish a baseline level of

competency, presented by **Rebecca Boswell, PhD**, Supervising Psychologist at Penn Medicine Princeton Center for Eating Disorders.



Considering Gender Diversity and Identity in Effective Eating Disorder Treatment, presented

by **Rebecca Kamody, PhD**, Assistant Professor

in the Child Study Center at the Yale School of Medicine. This presentation features unique gender-related aspects of eating disorder care and effective adaptations to meet treatment goals.



Providing Affirming Care to the Transgender/Non-Binary Community,

an educational talk by **Jillian Celentano**, a trans woman and patient

advocate who collaborates closely with the Yale Gender Program. A perfect culmination of the series, this talk includes real-world examples for working with transgender youth, adults, and their families. Q&A follows.

Stay tuned! This virtual series will be available free this fall and will include CME/CEU credits.

Academics Program Upgrades Technology

With a team that provides more than 120 years of collective teaching experience, the robust academics program at Princeton Center for Eating Disorders facilitates one-on-one learning that ensures continuity in education, maintains connection with schools, and reduces anxiety about falling behind for young patients and their families. Recently, the program upgraded its technology to include

new computer stations and a printer/scanner that can accept files directly from both student and computer lab devices to provide a more seamless approach to submitting schoolwork.

“Students have access to the most advanced technology to continue learning during their stay,” says Academics Coordinator Barbara Moses. “That support and investment from Penn Medicine Princeton Medical Center is wonderful. It further demonstrates that academics is a key part of patient care for our young patients.”



Dietitian Spotlight Recognition



Congratulations to **Jenna Deinzer, RD**, Lead Senior Nutrition Therapist at Princeton Center for Eating Disorders, who was selected and recognized by the New Jersey Academy of Nutrition and Dietetics in its RDN Spotlight in February 2022. The organization’s mission is to accelerate improvements

in New Jersey’s health and wellness through food and nutrition. The profile is available at eatrightnj.org.

Look for us at **ICED 2022**

International Conference on Eating Disorders, June 9-11

▶ Exploring the Lived Experience of Severe and Enduring Anorexia Nervosa (SE-AN)

Rebecca Boswell, PhD, Supervising Psychologist at Penn Medicine Princeton Center for Eating Disorders

Learn more at aedweb.org/aed-events/iced-2022/iced-2022-registration.

Preparing for *Life After* Inpatient Care



Because eating disorders in children can have a significant negative impact on physical, intellectual, and emotional growth, the Princeton Center for Eating Disorders team works to get young people ages 8 and older back to their lives as quickly and safely as possible. This includes connecting families to aftercare services and empowering parents with tools to continue progress after discharge.

“Parents sometimes look at an eating disorder as something defiant rather than an illness, or they may think that their child will be healthy once inpatient care ends,” says Maggie Moran, MSW, LCSW, Senior Therapist at Princeton Center for Eating Disorders. “But it’s really a journey that requires education to prepare them for what might be a lengthy transition.”

“We help parents understand that an eating disorder can overshadow a child,” says Supervising Psychologist Rebecca Boswell, PhD. “When these children go home, we want their healthy selves to shine a little more while parents help fight the eating disorder.”

Planning What’s Next

Parents aren’t alone in this battle. From the day of admission and throughout inpatient treatment, caregivers and a dedicated discharge planner ensure that each family has the support in place that’s right for them.

Whether the next step is residential care, intensive outpatient treatment, or general outpatient care, the staff at Princeton Center for Eating Disorders helps put the best team in place for each child while maintaining ongoing communication with referring providers. Likewise, because school is such an important part of a child’s life, the academics team provides targeted one-on-one instruction to keep young patients on track during treatment. With consent, the academics team – and care providers, if beneficial – facilitate connections with school staff that aid in a smooth return to the school environment.

Giving Parents Tools

In addition, throughout the course of treatment, parents receive education and a toolbox of skills aimed at keeping their child

safe. They gain this knowledge through family therapy, meetings with therapists and psychiatrists, and nutrition education with a dietitian. This level of family involvement helps them become more comfortable with effective coaching, mealtime support, sample menus, concerns to watch for, and topics to avoid – including comments related to appearance and specific food intake. Individual support styles are also addressed.

“In zeroing in on what works best for each child, we consider the family dynamic and work to improve communication styles in ways that can ease stress,” adds Moran. “Often, the best outcomes are seen when parents are firm in a gentle, supportive way. **But no matter what approach fits best, we’re all working together toward a common goal – to help children continue to grow in a healthy and safe way, participate in their milestones, and get back to the things they love.**”



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princetonhcs.org/eatingdisorders

ART THERAPY

Enriches Treatment

Several times a week, adults, adolescents, and children at Penn Medicine Princeton Center for Eating Disorders engage in art therapy – a form of psychotherapy in which patients participate in an art-making experience to enhance the therapeutic process. These sessions are facilitated by Allied Clinical Therapist Shea Andrews, an art therapist who has a master's degree in community and trauma counseling with specializations in art therapy as well as addictions and recovery.

“This form of self-expression is proven to be beneficial in helping people process trauma,” explains Andrews. “Art therapy helps access the non-verbal areas of the brain. When patients express themselves through art, they may then find the words to process that experience.”

Andrews, who completed her clinical internship at Penn Medicine Princeton House Behavioral Health’s Moorestown site, plans art therapy directives in a way that builds in flexibility to adapt to the needs of the group and how participants

may be feeling on any particular day. For example, sometimes scribbling with oil pastels to represent emotions may be more grounding than a pre-planned directive. Or if patients are struggling with perfectionism or rigidity, Andrews may start with the use of pencils and progress to using the opposite hand or trying more fluid mediums like clay or watercolors when they feel more comfortable.

The experience of creating acknowledges each person’s unique expression. While Andrews often initiates discussions to explore the personal meaning and emotions behind a patient’s artwork, she notes that the focus is on the process, not the product.

The sessions also provide the opportunity to practice mindfulness and can serve as a more relaxing change of pace between therapy sessions.

“When I hear laughter in the group, I know it’s been an effective session,” she adds. “That emotional release means patients know they can share safely in a nonjudgmental space.”



Patient artwork