The Renfrew Center
FIRST IN EATING DISORDERS

Perspectives
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The 23rd Annual Conference Update & CALL FOR PROPOSALS for 2014 are included in this issue.

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A Word from the Editor

It is a great pleasure and privilege to be the new editor of Renfrew's cutting-edge journal, *Perspectives*. The journal's tradition of highlighting emerging and noteworthy issues has been a valuable contribution to practitioners in the field and one that I intend to pursue.

You may notice that this particular issue of *Perspectives* has a different format, one which may be a catalyst for a broader discussion concerning how we conceptualize and confront the complicated issues presented by our clients. To initiate the discussion, a case study of a complex patient treated at Renfrew is presented. Rather than focusing on treatment strategies, four eating disorder professionals have been invited to share their personal struggles and dilemmas about treating complex patients, their feelings about recovery and their concerns regarding the possibility of failure.

Four diverse and sometimes conflicting perspectives are presented by experts from different schools of thought. They are Roy Erlichman, a psychoanalyst with training in family systems, Abigail Natenshon, a psychotherapist and Feldenkrais practitioner; Mark Warren, a psychiatrist with DBT background; and Page Love, a nutrition therapist and sports dietician. I am most grateful to Roy, Abbie, Mark, and Page for their contributions regarding an issue not frequently addressed and hope their commentaries inform and resonate with your own clinical experiences.

I encourage you to join the discussion by sharing your insights through **"e-mails to the editor"**, a new section that will appear in the next issue of *Perspectives*.

Warmest wishes,

MARJORIE FEINSON, PHD
EDITOR

I think of JK's recovery as I would think of someone with terrible cancer, but one which is treatable. With cancer I would do radiation, chemotherapy and surgery, according to accepted literature, staging our work according to the patient's status. I would base JK's treatment on her stage of illness as well. I would make sure that she knows that our goals are the same, and that the quality of her life matters and is our ultimate goal. Yet, I would get results first, anyway I can, from hospital, to refeeding, and involving family and community if possible. I would use myself strategically long before I consider using myself relationally. I would ask her to judge me by results, not kindness. I would try always to tell the truth, to not be distracted away from the life threatening part of her illness into things that seem more treatable or more interesting. Together we can make a journey towards recovery. I would never let go of hope. I think JK can have a life worth living.

Mark Warren, MD, MPH, FAED *is the co-founder and medical director of The Cleveland Center for Eating Disorders. He is a faculty member at Case Medical School and teaches at University Hospitals of Cleveland and The Cleveland Clinic Foundation. Dr. Warren is a Distinguished Fellow of the American Psychiatric Association, a two-time recipient of the Exemplary Psychiatrist Award of the National Alliance for the Mentally Ill and a winner of the Woodruff Award.*

Page Love, MS, RDN, LD, CSSD

As an outpatient dietitian for over 20 years, I have worked with many acute eating disorder clients. This case study encompasses the extreme complexities of all eating disorders. At every level, JK exemplifies the most complicated eating disorder issues—long-standing lifetime history of the disease, family dysfunction history, dynamics of substance abuse and sexual abuse, medical acuity, dual diagnosis issues, and multiple treatment history. With each of these issues there are considerations for nutrition therapy treatment, but even more crucial is assembling a team. When there are numerous clinical issues present, it is imperative to realize the importance of being part of the treatment team. While each issue is treatable, a team of professionals is required. As a member of the team, I can contribute my professional insights concerning what treatment approaches may help this client take the next step in recovery.

Often the dietitian is the first place a chronic eating disorder client or "lifer" may go to try to do things differently after multiple failed treatment attempts. The client may be trying to fix these surface issues... such as weight restoration, gastrointestinal side effects of purging behaviors, and other physiological imbalances. As an initial professional insight I would require a patient of JK's complexity to seek immediate medical attention to make sure she is medically stable and that her medical symptoms are being managed. She may need to see a cardiologist, gynecologist, gastroenterologist, and dentist to best address all of these symptoms. As the dietitian on the team, I am often the one who can take the lead to connect the client with specialists who are experienced in the treatment of eating disorders. With a client of this level, the very best treatment is without question intensive medical inpatient hospitalization until she is medically stable. There also must be intensive medical follow-up on a weekly basis

In addition to medical stability issues, I have multiple concerns regarding family systems issues, and JK's long term suffering from the disease without any long term recovery under her belt. Does she know how to be in recovery? Her life is mental illness on many levels. Over the years, as I have worked with similar patients, I have learned that the longer the person has struggled with the disease, the longer the treatment must be in order help the client to shift into recovery mode. I have had to learn and accept that I cannot heal my clients. They have to want a certain level of recovery and a different life for themselves. This may mean separating from their current lives. I have to accept that there may only be a certain level of recovery, and unfortunately, it may not be full recovery.

This case of JK evokes sadness for me because she has struggled for so long at this level of acuity. However, it also evokes a challenge to me as a professional, and at a gut level, it makes me want to reach down and help her approach this a different way...to get to a better level of life functioning...to help her improve her quality of life, both physically and emotionally. Given her age and family background, I am saddened she is still living with her family, a place of illness and enmeshment that is not allowing her to move forward and develop an independent life. Mom feeds her like an infant, feeding into her belief that she cannot survive on her own. Purging is normalized, with the placement of receptacles around the house for self-induced vomiting. Instead, the family needs to learn how to help, to reduce the triggers and make the family environment safe. There is so much guilt and so much shame, but they are stuck!

I have seen many clients over the years who, taken out of their unhealthy environments for intensive residential treatment, physically improve, but do not have long term success on a physical or emotional level. They have returned to the environment where triggers exist—triggers that lead to the same old coping mechanisms and to relapse of eating disorder behaviors, and often times full relapse. These patients continue to keep the disease as their identity, rather than shifting to a healthier place. A therapeutic consideration right from the get-go, therefore, is to get JK's family into therapy in order to learn how to do things differently. The family needs to learn how to break enmeshment patterns and refrain from supporting ongoing behaviors. They need to learn how to use their voices as opposed to their unhealthy coping mechanisms. An intensive family therapy weekend, in which life skills work were presented, could be beneficial. Within this treatment approach, the dietitian could help with family meals, from being in the kitchen with the family and client to helping with portioning and communications at the table in a guided meal support fashion. I call this "family nutrition therapy." Another approach I find to be helpful for clients and their families is an experiential approach. Experiential nutrition therapies can guide a client and her family through the refeeding process and teach real life skills to help them actually execute treatment successfully and gain the confidence to move out of a stuck place. I have my doubts about whether JK's family would or could engage in this type of approach.

With such a complex client as JK and, based on her long time history with the disease, I see large shifts in recovery less possible, and slight shifts more realistic. But, then again, given that, she is 8 years sober from alcoholism, a 12-step approach with her bulimia may be a successful direction to undertake. Another realization is the importance of being open to a variety of treatment approaches in view of the issues presented. A more extreme black and white avoidance of triggers (like her family's home) while being inpatient may help her shift. Long term success with JK will be largely dependent on her ability to separate from her family of origin and avoid the same environment that will trigger old coping mechanisms.

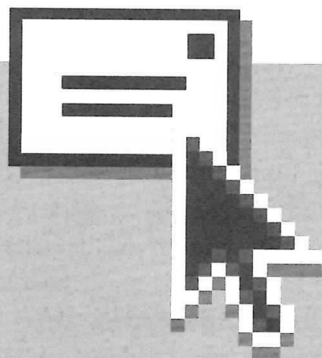
I can only be hopeful for partial or full recovery for a client like JK if there is long term residential treatment followed by real life residence, including living away from the current family. There must be a chance for JK to take a different path. With a long term, medically supervised recovery process, she may be able to get to a slightly better place of functioning, especially if she is able to cease purging and restabilize her weight.

JK's history reminds me of a client I worked with for a year. She was in fact, adopted from an abusive situation into a home for children, dad an alcoholic and adopted mother who had passed away... abandonment on so many levels. She benefitted from several intensive therapeutic approaches, but seemed stuck in binge/purge cycles and over-exercise. She was a marathoner to boot! This case ended sadly with a suicide, unexpected and sudden. This was one of my first experiences of a client dying while I was working with her. I grieved her loss, our approach, and realized my approach needed to be different with such acute patients, taking more care to keep the treatment team close-knit and not waiting so long to change a treatment approach that was not working. This, unfortunately, was not my first client to pass away. So, another skill I have had to learn is how to deal with loss and to expect that there will be loss. I never give up on a client... but I have learned how to accept there may be failure when clients have this level of acuity.

Recently, I treated a client who was struggling with over-exercise and extreme OCD and anxiety; his mother had an active, untreated eating disorder. After several years of treating this patient, the team was able to get this client into a treatment center that adressed the exercise addiction more experientially. This approach gave both

the client and his treatment team more hope! Aligning this client with more sports-trained eating disorder specialists and discharging him to a therapist with a background in sports, and to me, a sports dietitian, helped this client become "unstuck." It is refreshing for me to do this work at a different level by being more sports specific, the focus is no longer on the eating disorder or the disease. Now it is on health and performance. Clients such as this one help me stay motivated to hang in there and trouble-shoot ways to help acute clients take new approaches to recovery and life!

Page Love, MS, RDN, LD, CSSD *is a nutrition therapist and sports dietitian who runs NutriFit Sport Therapy, Inc., a consulting dietetic practice in Atlanta, GA. She specializes in individual and group nutrition counseling for the full spectrum of eating disorders and offers sports nutrition counseling for high school, collegiate and professional athletes.*



Emails to the Editor

Join the discussion by emailing your thoughts on this issue to perspectives@renfrewcenter.com

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As a professional and educator working with individuals affected by eating disorders, you are undoubtedly aware of the devastation these illnesses cause to families and communities. The Renfrew Center Foundation continues to fulfill our mission of advancing the education, prevention, research and treatment of eating disorders; however, we cannot do this without your support.

Your Donation Makes A Difference...

- **To many women who cannot afford adequate treatment.**
- **To thousands of professionals who take part in our annual Conference, national seminars and trainings.**
- **To the multitude of people who learn about the signs and symptoms of eating disorders, while learning healthy ways to view their bodies and food.**
- **To the field of eating disorders through researching best practices to help people recover and sustain recovery.**

An important source of our funding comes from professionals like you. Please consider a contribution that makes a difference!

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