

hope

for Eating Disorder Sufferers



The Renfrew Center

When Norwalk resident Kelly Carlucci finally entered The Renfrew Center's program in 2003 to treat her eating disorders, she was one step away from a possible heart attack. Her doctors warned her that "one more purge" could have deadly results.

Carlucci, now 36, had battled eating disorders since the age of 16. It wasn't until her weight dropped to such an alarmingly low level that her in-laws and husband, Frank, intervened and enrolled her in the day treatment program at The Renfrew Center of Wilton.

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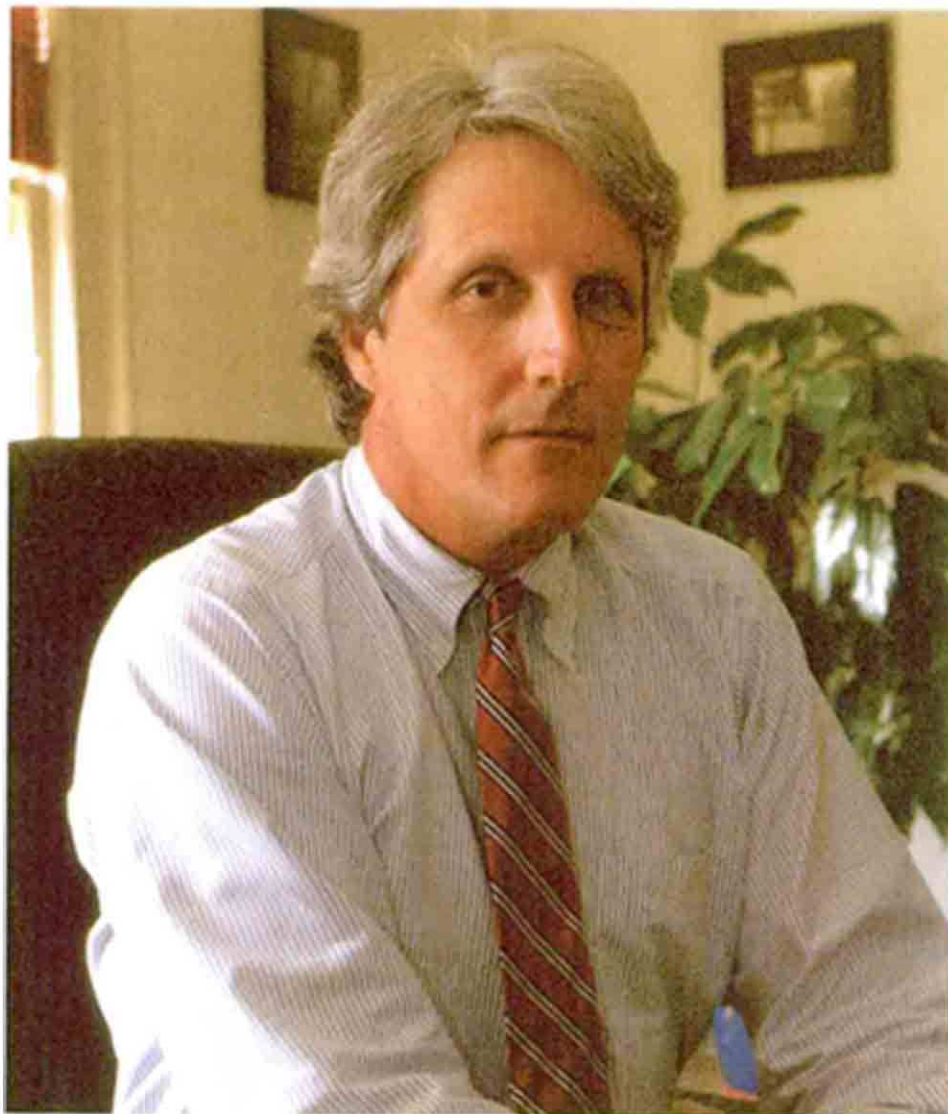


Founded 20 years ago, the Philadelphia-based center has helped more than 35,000 individuals with eating disorders, and other related mental health issues. Renfrew was the first free-standing residential treatment facility exclusively dedicated to the treatment of eating disorders. Today, it provides residential and outpatient services at eight sites in Pennsylvania, Florida, New York, New Jersey, and Connecticut, with one of those locations here in Wilton.

"To have a nationally recognized eating disorder center in downtown Wilton is pretty remarkable," says Elly Sidel, Professional Relations Representative of the center. Adds Rachel Ammon, Public Relations and Marketing Coordinator at Renfrew's Philadelphia headquarters, "Wilton Renfrew is unique to this area. It is not institutional; it's more home-like and comfortable. It has a different feel than the traditional centers," she adds.

Enter the converted building-which was originally a private residence dating back to the 1880s-and you feel an instant sense of calm. The Renfrew Center of Southern Connecticut took over the lease of the house in 2000. Comfortable chairs sit opposite an old fireplace, with plants lending their greenery to the well-lit room. A framed mission statement hangs on a nearby wall, stating that the center's goal is "empowering women to change their lives." (It is important to note that due to the recent rise in eating disorders among the male population, Renfrew treats men as well.)

The selection of magazines is devoid of the usual women's fashion and beauty issues typically found in most



Dr. Douglas Bunnell, Clinical Director at Renfrew.

waiting rooms. In an adjacent dining room, baskets overflow with prepackaged granola bars, peanut butter crackers, and other assorted snacks, there to further Renfrew's efforts to aid in restoring their clients to a healthy weight.

D. Douglas Bunnell is Renfrew's Clinical Director. "There are lots of people who do outpatient therapy," Bunnell says, "but no other program in this half of Connecticut has this intensive, structured outpatient program."

Treatment Options

Renfrew offers a variety of treatment options, Their Day Treatment Program meets five days a week for five hours each day. This program serves two populations; adolescents and women who have gone through a Residential Program and may require additional support in order to continue with their recovery, and clients who do not require an acute residential care facility, but could benefit from an intensive, partial

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- Adolescent Body Esteem Group
- Adolescent and Women's Eating Disorders Groups
- Emotional Eating Group
- Multi-Family Group
- Body Image Group
- Individual, Family, and Couples Therapy
- Nutrition Consultation
- Psychiatric Consultation

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provided by The Village Market, which has had a long-standing relationship with Renfrew and regularly consults with their nutritionist in establishing balanced, healthy menus.

Therapy groups in the Day Treatment Program focus on topics, such as self esteem, substance abuse, trauma (it's not uncommon to find 3 or 4 women out of 10 in therapy groups, who have suffered sexual trauma at some point in their lives, Bunnell points out), body image, and nutrition. In addition, dance and movement therapy, art therapy, poetry, and journaling are also offered. Because many people with eating disorders typically have a difficult time expressing themselves, Bunnell says that these programs are extremely valuable. "You have to work not only on a verbal level," he says, "but on a non-verbal level as well." These groups usually prove to be the most highly rated by the client.

The second of Renfrew's programs, The Intensive Outpatient Program, or IOP, meets three evenings a week. It is structured for individuals needing a strong adjunct to their individual outpatient therapy. By adhering to this schedule of therapy, participants are able to continue to engage in their normal daytime activities. This program is entirely group-based, including in each session a mealtime group that is led by a nutritionist or a therapist. Eating and socializing issues are a

program.

The Day Treatment Program, offers a personalized plan that may include individual, family, and group therapy. A team approach joins therapist together with psychiatrists and nutritionist, who all work together to counsel the client.

Since part of the treatment for eating disorders is to re-educate people on how to eat properly and re-introduce them to food. Breakfast and lunch are eaten with therapists. The staff working in the Mealtime Support Therapy is trained to observe and monitor behavior and work therapeutically with people in the context of the meal. Learning how to eat, pacing, and portion control are all part of the therapeutic process. According to Bunnell, meals are the most intensive and often the most difficult groups. Carlucci agrees. She says that for the first three days, she cried at every meal. "The staff is trained to pay attention to, and discourage, food rituals. I had a habit of tearing my food into little pieces, which was discouraged," she remembers. "It takes a little while to get adjusted," she adds. All food is

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frequent subject of discussion. In addition, the IOP program includes interpersonal process, psycho-educational and expressive psychotherapy components.

Eating Disorders are on the Rise

It's hard to ignore the prevalence of eating disorders in the United States, Anorexia nervosa, bulimia, binge eating... they're all on the rise, climbing a dangerous and precipitous path toward a generation of rail-thin Americans putting their health and lives at risk in search of perfection.

The National Eating Disorders Association (NEDA) reports that as many as 10 million females and 1 million males are fighting a "life and death battle" with an eating disorder.

Typically occurring in pre-or post-puberty, eating disorders can, and do, develop at any major life change. Obsessive dieting, due to the pressures to be thin, can make individuals prone to develop eating disorders. And, while increased awareness might finally have succeeded in creating positive changes like removing sodas and unhealthy foods from the school cafeteria, the recent attention paid to childhood obesity could in fact be fueling children's fears of getting fat, leading them to dieting and, consequently, exposing those vulnerable personalities into disordered eating patterns.

These real, complex, and devastating conditions have far-reaching effects upon health, relationships, and

productivity.

And these disorders do not discriminate. They are cross-cultural, affecting males and females as young as eight and as old as eighty.

Kathy Kater is a psychotherapist in St. Paul, Minnesota, who treats teens and adults with life-threatening eating disorders. Her Healthy Body Image curriculum is used in fourth through sixth grade classrooms around the country. Kater says that in the past 10 years, she has seen an increase in eating disorders and body image issues among children as young as eight or nine, and a growing obsession our culture with concept of size, weight, and shape. "There are so many messages out there that encourage comparing ourselves to a standard that is not realistic," states Kater. "In order to be acceptable," Kater says, "the only size to be is slim."

What Can We Do?


Since a child who is overweight as a teenager has an 80% risk of being overweight as an adult, it is extremely important for parents to plan family meals that teach good eating habits and offer healthy choices, such as fruits, vegetables, and whole grains.

Heather Smith as psychotherapist at the Wilton Renfrew Center, thinks that prevention must start at home. Smith stresses the importance of sitting down for a family meal at least a few nights each week. "Parents are not always aware of what their kids are eating," she says. In addition, Smith says that it is important for parents never to say "you're fat," but instead suggests saying

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something like, "I notice you are not feeling great about yourself."

Smith says that parents must create a safe environment so that children can discuss eating issues without feeling threatened or ashamed. She says that eating and body image issues should almost be like a "birds and bees" conversation, citing the importance of talking to your child as



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soon as he or she shows an interest in fashion or what the other kids are doing. Dr. Bunnell sees problems with the messages we are receiving about food. "We live in an environment that pushes food on people, especially on children," he says. "Marketers use very sophisticated techniques." It's not surprising, then, that children are raised with real conflicting messages about eating and body image.

Bunnell advised parents to talk to their child's pediatrician about reasonable, health-related, and sustainable weight-loss goals, rather than cosmetic goals. And all of us should be aware that while dietary restriction "may lead to short-term weight loss, it is frequently associated with longterm regain."

The time-honored tradition of losing weight- and keeping it off – comes



The National Eating Disorders Association
 (www.nationaleatingdisorders.org) offers the following questions for
 parents or families to ask when seeking out treatment:

- 1 How can I help to support my child during treatment? What is my role within the treatment?
- 2 How often will you talk to me about my child's progress?
- 3 What if my child doesn't want to participate in therapy?
- 4 How will the family be prepared for the patient to return home (if in a treatment center)?
- 5 What books, Websites, or other sources of information would you recommend?
- 6 How much weight gain should be expected in what time period if my loved one has anorexia nervosa? What can I do to support my family member during a time of weight gain?
- 7 How do family members determine if purge behavior is occurring in the home setting? What action should we take if we notice this behavior?
- 8 If my family member is being treated as an outpatient, how will the team decide if more intensive intervention is needed?
- 9 How do I assess if the treatment personnel are functioning as a team? Ask how often the team members communicate with each other. Remind and encourage the treatment team members to communicate with one another, which is especially important for those in separate locations, such as in outpatient treatment. Even if the team doesn't talk to each other, you can serve as a liaison to relay information.
- 10 If I become anxious about my family member or if problems are experienced, who should I call?

time spent in front of the TV or computer and more time spent in physical activity.

Don't Ignore the Signs

Kelly Carlucci was lucky. Her husband and in-laws took matters into their own hands, recognizing the danger signs, and got her into treatment in time. Carlucci offers some advice of her own. "Confront a person if you see signs of an eating disorder. They may fight you, but it could be a matter of life and death."

Dr. Bunnell notes the importance of gathering information on the disorder as well as the treatment resources in the area before approaching the person that you are concerned about. Then, "approach them respectfully, but firmly," he says, "and don't get into a debate as to whether or not they have a problem."

He also stresses that it is better to use "I" statements, such as, "I feel worried when I look at you," rather than, "You look too thin."

"Be prepared to be pushed away," he says, "but don't give up. Promise to come back again."

The Renfrew Center strives to provide healing and, subsequently, life skills for their patients so that they may go on to enjoy healthy and productive lives. Renfrew is constantly looking for ways to improve their programs and consequently improve the lives of all that seek out help.

"When my eating disorders began 20 years ago, Renfrew was just starting up," says Carlucci. "If I was able to get into a program like this when I was first having trouble, I'd be a lot better off today."