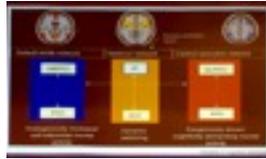


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ED HAMLIN, PH.D. ON TREATING ED USING NEUROSCIENCE



CO-OCCURRING SUBSTANCE ABUSE & EATING DISORDERS



THE CHANGING ENVIRONMENT OF ED TREATMENT

# CREDN

## Neuroscience and the treatment of eating disorders

In September, CREDN and IADEP held their first joint event. Ed Hamlin, PhD, of the Institute for Applied Neuroscience was invited to speak about advancements in technology that are furthering our ability to understand and treat eating disorders. Dr. Hamlin's passion for neuroscience was evident in his extensive experience on the subject, as well as his enjoyment in presenting the material. One of the myths that Dr. Hamlin is working to debunk, is the idea that there is nothing we can do to change the brain. He used the analogy of "hubs" to talk about the fiber tracks between specific parts of the brain, and explained that improving "traffic" to the central "hubs" of the brain can actually improve many symptoms we see in our clients. An interesting element that was revealed about people with eating



disorders, is that the signal the brain gets to eat and the act of eating are "dissociated," which indicates that the reward systems that typically produce "good" feelings are not being activated. High arousal was also identified as one of the traits of people with eating disorders, which relates to a deficit of alpha activity in the brain, and results in the triggering of unhealthy behaviors in clients. While we aren't yet at a point where we can use EEGs

**Myth: there is nothing we can do to change the brain**

(electroencephalography) as diagnostic criteria, and cannot differentiate between types of eating disorders, there are a few ways in which we can begin to support our clients using this knowledge. Dr. Hamlin explained that we are able to build more connections in the prefrontal cortex through the practice of meditation. He also recommended the use of neurofeedback for the purpose of regulating the activity in the frontal cortex and arousal patterns.

## Whack-a-Mole

As Morgan McGrath, MA LICSW aptly described in his presentation on Co-occurring Substance Abuse and Eating Disorder Treatment, many of our clients find themselves in a game of Whack-a-Mole: when the eating disorder is treated, the addiction flares up, and vice versa. Morgan explored the complexities of treating eating disorders when substance abuse is present, and did a wonderful job covering specific concerns of ED patients who use substances. As a group, we learned terminology such as “Diabulimia,” which is the reduction of insulin intake to promote weight loss in diabetic clients with eating disorders, and were provided with helpful treatment recommendations. Questions from the group were also incorporated into the discussion, which resulted in conversations about how legalization has impacted rate of marijuana use, higher levels of care for co-occurring disorders, and the negative impact of specific drugs on ED recovery. One of the most helpful take-aways from the presentation was a question that Morgan encourages practitioners to ask in assessing and continuing to monitor our clients’ wellbeing: “What are we not talking about?”

## The changing environment of eating disorder treatment

I reached out to facilities who offer treatment at a higher level of care in the area to find out what has changed in the past 5-10 years and what developments/improvements may be occurring in the future.

Barb Oyler, PMHNP, Director at Providence’s Eating Disorders Treatment Program writes, “Over the past decade, the Providence St. Vincent PH and IOP programs have seen increasing numbers of males, older women and people of more diverse backgrounds seeking help to recover. We have also seen more men and women

### *2016 NEDA Walk in Portland, Oregon*



The NEDA walk proved to be another success in the beautiful Peninsula Park. The weather was truly representative of the Pacific Northwest, but the rain did not deter walkers from supporting a worthy cause.

## Upcoming CREDN Events...



### Lucky Lab Events

**Who:** Susannah Castle,  
Psy.D & Sarah Saltzburg,  
RD

**What:** Bariatric Surgery:  
Where Does this Procedure  
Fit in the Treatment  
Ecosystem of Weight-  
Related Concerns?

**Where:** Lucky Lab on  
Hawthorne

**When:** Jan. 19, 2017

### 2017 CREDN Conference

**Who:** Thomas Lynch and  
other guest speakers

**What:** Discussion topics  
including treating  
emotional over-control  
using RODBT

**Where:** Lewis & Clark  
College

**When:** Feb. 25, 2017

with transgendered issues seeking help. Our outcome studies have also shown increasing admissions of people with substance use concerns which also complicate the recovery process.

In the future, I anticipate that clinicians will employ more neurocognitive approaches in the treatment and recovery process. Since late 2014, the Providence PH and IOP programs have offered cognitive remediation therapy to both the adult and adolescent patients. The patients are intrigued by the concepts of neuroplasticity and the possibility that the rigid thinking and over-attention to detail may be brain based. They seem to embrace neurocognitive exercises to help them increase their awareness of their own thinking styles and practice increasing their cognitive flexibility in broader life spheres.”

Rebecca Skrifvars, LMFT, Outpatient Clinical Advisor at the Center for Discovery contributed input from her perspective. She writes, “One of the most notable changes has been increased attention to integrative care. The result is a holistic treatment approach that spans mental health, nutrition, and medical disciplines and includes both evidence-based, traditional treatment interventions and those rooted in expressive arts, spirituality and embodied movement. Furthermore, treatment stays have shortened overall and residential and inpatient programs have moved to a short-term model with treatment stays lasting only 1-2 months at times. This has increased the importance of collaboration with outpatient treatment providers, involvement of family or clients’ support systems in treatment and after-care planning, and real-world exposure and challenges while in treatment.

The type of clients seen in higher levels of care has also changed and we are treating a wider variety of diagnoses especially binge eating disorder and other specified/unspecified feeding and eating disorders such as “orthorexia” and “diabulimia”. Client acuity is also generally more severe with high rates of co-occurring diagnosis and psychiatric and/or medical complexity.

Family-based Treatment for eating disorders (FBT) and The Health At Every Size® (HAES) movement are receiving a lot of attention in the field and both will play a role in influencing the improvements and developments in higher levels of care. I foresee more incorporation of FBT into existing treatment programs and an increased focus on utilization of family and/or existing support systems to assist clients in the recovery process. Treatment will include the adaptation of FBT and integration with other widely used and accepted modalities. The HAES® model will be further incorporated into treatment and advance the development of

specialized tracks and we will continue to see an increase in clients with binge eating disorder seeking and receiving the treatment needed.

These paradigm shifts along with the steadily increasing number of treatment centers opening across the country will ultimately lead to more accessibility and refinement of treatment for the full spectrum of eating disorders.”

## Welcoming a new CREDN member

Cayla is excited to join the board as the Outreach Coordinator. She is an LPC in private practice, specializing in the treatment of eating disorders and food and body concerns amongst all ages and genders.

Cayla is passionate about advocating for her clients, fighting body shame and the stigma of eating disorders. She is also passionate about cute puppies, being outside and coming up with nerdy recovery metaphors.



## A moving talk at the NEDA walk

Our own Susannah Castle, Psy.D., was one of the professionals chosen to speak at the NEDA walk. Her speech made such an impact, that I was requested to share it in the Fall Newsletter.

“I am humbled to be invited to speak to this group of people. I want to thank Kori Hill, and all the other volunteers who have worked so hard to make this event possible. I have been asked to speak as a representative of the treatment community. Today we want to recognize the urgency and necessity of providing a new way for all of us to be in relation to our own bodies, to claim our right to take up space, and to express ourselves openly and fully. We claim and proclaim the joy and the beauty of diversity – diversity in body shape and size, as well as across all other dimensions of human difference. My favorite author Andrew Solomon writes that ‘in the same way that we need species diversity to ensure that the planet can go on, so we need diversity of affection...in order to strengthen the ecosphere of kindness.’

I believe that any of us who have either personally dealt with an eating disorder or loved someone who is in that experience can attest to the fact that the recovery process is akin to any of the great universal challenges in life – giving birth, dying, parenting, intimate relationship. These are the things that simply cannot be accomplished without going to the very darkest most vulnerable place and staying there with courage and compassion, and also these are the parts of life where we most need knowledge of those that love us. The person in recovery from an eating disorder, along with their loved ones, access a place of fundamental courage, where all the externals fall away, and a very intimate process of healing, self-knowledge and self-acceptance starts to take place. And there is also the day to day-ness of it all; it is not really about reaching a peak experience, but about continuing to take one more skillful step after another.

I recently had someone ask me if it really were not possible to be in recovery without sharing about her eating disorder with those in her life. She wanted to both recover and keep it a secret that she had been having this struggle over many years. I responded that I really did not know what was necessary or possible, but I think we both could feel that it is unlikely that she is going to be able to trick the eating disorder into some kind of tamed submission unless she goes into that most vulnerable part of herself and lets those she loves in with her. I don't really understand the

neurobiology of how all that happens, but there is something about proclaiming and experiencing your capacity to do the most-feared thing that disempowers the eating disorder itself.



We also want to recognize the courage of families and support people today. I spend a lot of time on the phone with mothers and fathers, partners and others, strung between hope and fear; desperate to find some lasting solution to save their loved one from what feels like a voracious monster consuming their beloved, before their very eyes. For those of you here who have been through such an experience, we honor your steadfastness and unconditional support. You exemplify the lengths that love will go to.

I know that in this current group of people there are those who are living examples of the worthwhileness of this process of recovery; those who have reclaimed their lives and relationships and futures. Like writer Lindy West reminds us "Silence is not an option... Loving yourself is not antithetical to health, it is intrinsic to health. You can't take good care of a thing you hate." My question for each person here is, "Where are you silent that you should be speaking? Where is shame making you shut up or put up?" Can you make a commitment to start to find a voice in those areas of your life?

In the same way that women's rights are human rights, so body image issues are feminist issues and social justice issues, which at their heart are issues of empowerment and equality and enfranchisement. So the small steps we take today truly have impact beyond individual lives, taking a stand in our culture for our deepest values of courage, authenticity, diversity, and equality. Thank you for your investment of time and energy into these issues. I hope everyone has a great walk!"

## Membership Announcement!

As this year is slowly winding down, we want to remind you of the change in membership fees. We have not raised membership fees in nearly a decade! This increase will help us to better support the level of speakers that we wish to host, as well as provide ongoing opportunities for networking and training. Starting in 2017, we will be raising membership fees to \$50 for individuals and \$250 for organizations. You can pay via our Paypal account, credit card, or check. Please contact Sarah Alexander ([sarah@sarahalexander.us](mailto:sarah@sarahalexander.us)) if you have any questions regarding payments. If you prefer to pay via check, please send it to 1675 SW Marlow Ave., Suite 303, Portland, OR 97225. For any other questions related to membership please feel free to email Katie Fraser directly ([katie@rootedrecovery.com](mailto:katie@rootedrecovery.com)).