## ABOUT THE RENFREW CENTER

- **First residential treatment facility** in the nation for eating disorders, opened in 1985.
- Provides **expert treatment** for anorexia, bulimia, binge eating disorder and related mental illnesses.
- Established as a **family-run business**, currently operating with **multi-generational leadership**.
- Accepts **430+ insurance plans** across the country and is a **preferred provider** for many insurance companies.
- Incorporates **The Renfrew Center Unified Treatment Model for Eating Disorders®**, integrating our relational approach with the latest scientific research.
- Offers **residential, day treatment, intensive outpatient, and outpatient services** including **virtual therapy**.

WE HAVE 35 YEARS OF EXPERIENCE

TREATED MORE THAN 85,000 PATIENTS

19 LOCATIONS IN THE UNITED STATES

**LOCATIONS NATIONWIDE**

CA | FL | GA | IL | MA | MD | NC | NJ | NY | PA | TN

**The Renfrew Center of Philadelphia – Spring Lane** is located on a picturesque 27-acre wooded estate.

**The Renfrew Center of Florida** is located on a 10-acre former horse farm in Coconut Creek, near Boca Raton.

**CONNECT WITH US**

For more information about The Renfrew Center's programs and services, please contact **1-800-RENFREW (736-3739)** or visit **www.renfrewcenter.com**.

@RENFREWCENTER

The Renfrew Center
FIRST IN EATING DISORDERS
CELEBRATING 35 YEARS

1

# The Renfrew Center of California

**Day Treatment**
*Meets 5 days per week*

For patients whose clinical condition requires the structure of a partial program

**Intensive Outpatient**
*Meets 3 days per week*

For patients who need a strong adjunct to outpatient therapy

**Outpatient Groups**
*Available weekly*

**Virtual Therapy Group**
*Available weekly*

**12121 Wilshire Blvd. • Suite 601**
**Los Angeles, CA 90025**

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THE 32ND ANNUAL RENFREW CENTER FOUNDATION CONFERENCE FOR PROFESSIONALS

RENFREW CONFERENCE 2022
Feminist Perspectives and Beyond

Treating Eating Disorders With
COMPASSION & INCLUSION

Beginning Virtually November 11, 2022 - December 30, 2022

YOUR REGISTRATION WILL GIVE YOU ACCESS TO:
- 4 Live Keynote Presentations
- 2 Live Workshops
- 18 On-Demand Workshops
- 9 Special Networking Events & Activities

EARN UP TO 36 CEs/CMEs/CONTACT HOURS!

Register NOW!

More information coming soon! For questions, please contact conference@renfrewcenter.com.

FEATURED KEYNOTE SPEAKER:

Bruce Perry
MD

ADDITIONAL KEYNOTE SPEAKERS INCLUDE:

Whitney Trotter

Evelyn Tribole

Virgie Tovar

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# SIMILAR BUT DIFFERENT: Understanding & Treating Binge Eating Disorder & Night Eating Syndrome

Samantha DeCaro, PsyD
Licensed Psychologist in PA
Director of Clinical Outreach & Education at the Renfrew Center

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## OUR AGENDA

- Binge Eating Disorder (BED): DSM-V Criteria, Risk Factors, Comorbidity, Complications, Definition of a Binge, Assessment
- Approaches to Treatment & the Role of Emotional Avoidance
- Creating safety: Weight stigma, fatphobia, and implicit biases in BED & NES treatment
- Night Eating Syndrome (NES): DSM-V Criteria, Differential Diagnosis, Comorbidity, 3 Core Problem Areas, Assessment
- Levels of Care & the Interdisciplinary Treatment Team
- Tools: ARC, Cognitive Reappraisals, Sleep Hygiene Tips, Food Emotional Journals

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## THE DSM V: BINGE EATING DISORDER

Recurrent episodes of binge eating- an episode of binge eating is characterized by both of the following:

- *Time Frame/Amount of Food*
- *Loss of Control*

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## THE DSM V: BED CONTINUED

The Binge Episodes are associated with 3 or more of the following:

- *Eating rapidly*
- *Eating until uncomfortably full*
- *Eating large amounts of food without hunger*
- *Eating alone due to embarrassment*
- *Feeling disgusted, depressed or guilty*

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## THE DSM V: BED CONTINUED

Final diagnostic criteria:

- *Marked distress around the condition*
- *1x per week for 3 months*
- *No compensatory behaviors*
- *Not during the course of BN AN, or Avoidant/Restrictive Food Intake Disorder*

Severity Ratings- A New Feature

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## WHAT IF THE CLIENT DOESN'T FULLY MEET CRITERIA BUT YOU KNOW THERE IS A PROBLEM?

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## DSM5 CRITERIA – OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)

**307.59 (F50.8)**

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5. **Night eating syndrome:** Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better explained by external influences such as changes in the individual's sleep-wake cycle or by local social norms. The night eating causes significant distress and/or impairment in functioning. The disordered pattern of eating is not better explained by binge-eating disorder or another mental disorder, including substance use, and is not attributable to another medical disorder or to an effect of medication.

Will Discuss Later

10

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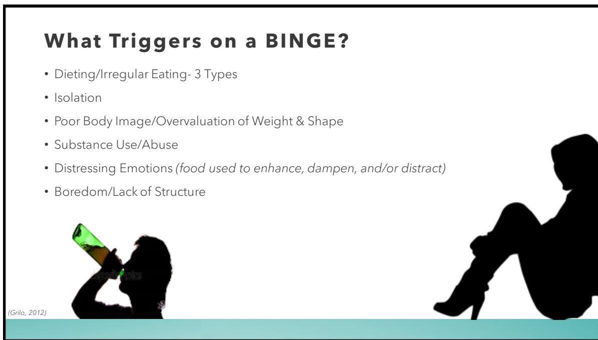


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## What Causes BED And Binge Eating?

Some Theories:

- Early Life Stress
- Trauma & PTSD
- Maladaptive Affect Regulation Strategies
- Neurobiological Factors (e.g., decreased D2R, opioid signaling dysfunction, reduced activity in impulse control regions of the brain)

(Jahng, 2011; Mitchell, et al., 2012; Harrington et al., 2010; Halpern et al., 2013; Balodis, 2013; Grilo et al., 2012)

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## COMORBID MENTAL HEALTH DIAGNOSES

- Depression
- Anxiety
- Substance Use
- PTSD
- ADHD
- Night Eating Syndrome
- Bipolar Disorder

(Hudson et al., 2012; Grilo et al., 2012; Reinblatt et al., 2014)
American Psychiatric Association. Binge-eating disorder. In: Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013:350-353.

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## MEDICAL COMPLICATIONS OF BINGE EATING DISORDER

Binge Eating Medical Issues

- Type 2 diabetes
- High Blood pressure
- High cholesterol
- Gallbladder disease
- Osteoarthritis
- Joint and muscle pain
- Sleep apnea
- Gastrointestinal problems (reflux)
- Certain types of cancer
- Polycystic Ovary Syndrome

Emotional problems, such as low self esteem, depression, anxiety and panic attacks

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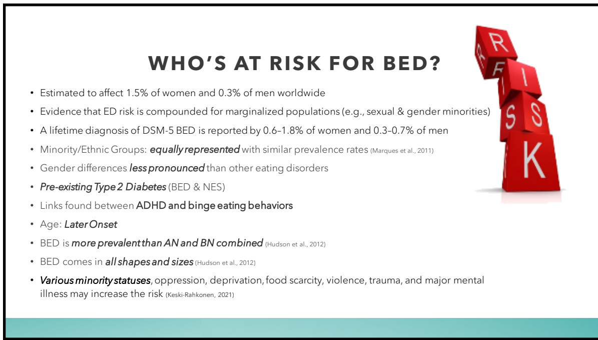


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## TRADITIONAL TREATMENT FOR BED

- Motivational Interviewing
- Psychoeducation
- Normalize Eating Patterns- not a weight loss plan
- Mindfulness Based Approaches
- CBT Based Approaches (Cognitive Behavioral Therapy)
- IPT (Interpersonal Therapy)
- DBT (Dialectical Behavior Therapy)
- Renfrew's Unified Treatment Model (RUTM): A Transdiagnostic Approach
- Medications

(Vella et al., 2015; Linardon et al., 2017; Fairburn, 2013; Kristeller, J.L. & Wolever, R.Q., 2010)

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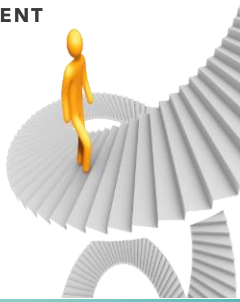
## ALTERNATIVE TREATMENT PHILOSOPHIES

Overeaters Anonymous (OA):

- Disease/Addiction Model
- 12 Step Approach
- Abstinence/Powerlessness
- Binge Eating viewed as chronic and without a cure



(Fairburn, 2013), http://www.oa.org)

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## Health at Every Size (HAES)

- *No* Dieting
- Focus on ***health*** rather than weight
- Acceptance of ***all shapes and sizes***
- Promotes individually appropriate, enjoyable, life-enhancing physical activity, rather than exercise that is focused on a goal of weight loss
- Believes obesity is ***not*** the definitive cause of disease and mortality

https://asdah.org/

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## Let's Talk About…Weight Stigma

Discrimination or stereotyping based on a person's size. Weight stigma also manifests in fat phobia, the dislike or fear of being or becoming fat.

(Durso, 2012)

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## The Harmful Effects of Weight Stigma

- Weight stigma poses a significant threat to mental & physical health. Studies suggest it is a significant risk factor for **depression, low self-esteem, and body dissatisfaction.**
- 79% of weight-loss program participants reported coping with weight stigma **by eating more food**.
- Decreases trust & willingness to seek out preventative services.
- Those who experience weight-based stigmatization engage in more **frequent binge eating, are at increased risk for ED symptoms, and are more likely to have a diagnosis of BED.**
- **Negative comments regarding shape, weight, and eating from family members** are all correlated with a BED diagnosis.

McCuen-Wurst et al., 2018
Andreyeva, T., Puhl, R. M. and Brownell, K. D. (2008). Changes in Perceived Weight Discrimination Among Americans, 1995–1996 Through 2004–2006. Obesity, 16: pp. 1129–1134

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## WEIGHT IS NOT A RELIABLE MEASURE OF HEALTH OTHER MARKERS OF HEALTH INCLUDE:

- Blood Pressure
- Blood Sugar Levels
- Sleep Quality & Energy Levels
- Strength
- Cholesterol
- Mobility & Flexibility
- EKGs
- Lab Work
- Substance Use
- Temperature
- And more…

*If the recommendation is to "lose weight", ask instead:*

*"What medical advice would you give a thin person with the same issue?"*

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## The Harmful Reality of BED Stigma

Stereotype that individuals with BED ***lack self-discipline*** (Ebneter, Latner, and O'Brien, 2011)

A 2013 study found that a character with BED was ***blamed more for their condition*** than characters with anorexia nervosa, bulimia nervosa, and depression (Ebneter & Latner, 2013)

Studies have found that people associate a ***lack of self-control*** with BED more so than other eating disorders or various physical health conditions (O'Connor, McNamara, O'Hara, & McNicholas, 2016)

BED Stigma is ***separate*** from Weight Stigma and can occur at all body sizes

(Hollett, K.B. & Carter, J.C., 2021)

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**HOW CAN WE DO AS PROVIDERS?**

Examine our own biases with Harvard's free IAT (Implicit Association Test)

https://implicit.harvard.edu/

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**WHAT MAINTAINS THE BINGE EATING CYCLE?**

The Restraint/Deprivation/ Scarcity Model

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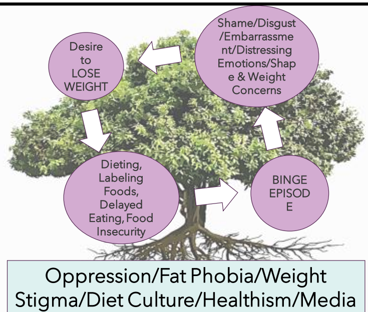


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**WHAT MAINTAINS THE BINGE EATING CYCLE?**

The Emotional Avoidance/Escape/ Affect Regulation Theory

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**EMOTIONAL AVOIDANCE IS THE PROBLEM**

Attempts to avoid uncomfortable and painful emotional experiences drives unsafe, threatening and dangerous behavior (symptom use)

Certain emotions can remind us of a time when we felt unsafe or were unsafe, but the emotion itself is not unsafe

Emotions are not actually unsafe, threatening or dangerous

The Renfrew Center

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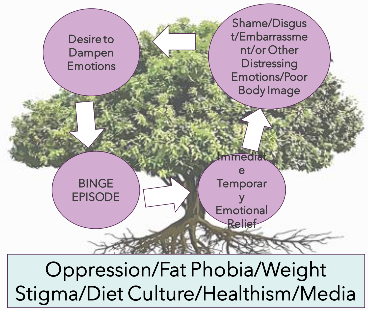


Oppression/Fat Phobia/Weight Stigma/Diet Culture/Healthism/Media

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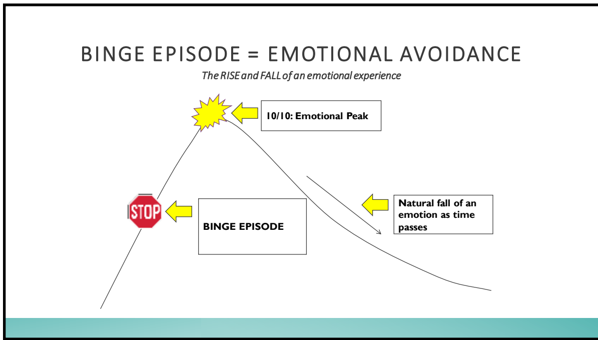


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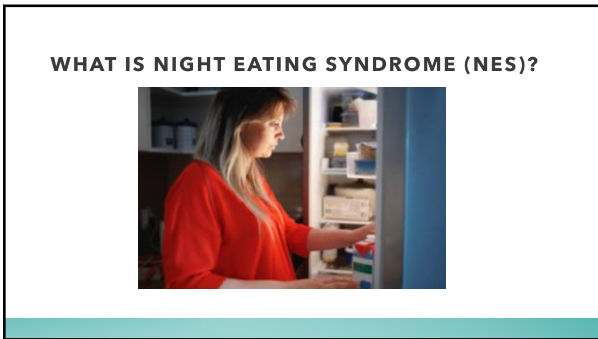


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## WHAT IS NIGHT EATING SYNDROME (NES)?

5. **Night eating syndrome:** Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better explained by external influences such as changes in the individual's sleep-wake cycle or by local social norms. The night eating causes significant distress and/or impairment in functioning. The disordered pattern of eating is not better explained by binge-eating disorder or another mental disorder, including substance use, and is not attributable to another medical disorder or to an effect of medication.

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## PREVALENCE OF NES

The prevalence of NES is estimated at 1.5% in the general population in the U.S., which is similar to BED and higher than BN and AN

Rand CS, Macgregor AM, Stunkard AJ. (1997). The night-eating syndrome in the general population and among post-operative obesity surgery patients. *Int J Eat Disord*, 22, pp. 65–69.

35

## WHAT IS NIGHT EATING SYNDROME (NES)?

Criterion A: One or both of the following must be present:

1. At least 25% of the food intake is consumed after the evening meal
2. At least 2 episodes of night eating per week

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## WHAT IS NIGHT EATING SYNDROME (NES)?

Criterion B:

Client is aware & can recall eating In the evening and/or in the middle of the night

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## WHAT IS NIGHT EATING SYNDROME (NES)?

Criterion C: At least 3 of the following:

1. Lack of desire to eat in the morning and/or breakfast is omitted on 4 or more mornings per week
2. Strong urge to eat between dinner & sleep onset (*evening hyperphagia*) and/or during the night (*nocturnal ingestions*)
3. Sleep onset and/or sleep maintenance insomnia are present 4 or more nights per week
4. Belief that one must eat to initiate or return to sleep
5. Mood is frequently depressed and/or mood worsens in the evenings

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## WHAT IS NIGHT EATING SYNDROME (NES)?

Criterion D:

NES is associated with significant distress and/or impairment in functioning

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## WHAT IS NIGHT EATING SYNDROME (NES)?

Criterion E:

The disordered pattern maintained for at least <u>3 months</u>

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## WHAT IS NIGHT EATING SYNDROME (NES)?

Criterion F:

The disorder is <u>not</u> <u>secondary</u> to substance abuse or dependence, a medical disorder, medication or other psychiatric disorder

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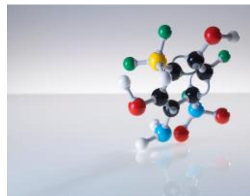
## WHAT CAUSES NES?

- **Cause is not fully understood**
- **Various Factors at Play**
- **Circadian rhythm disorders**
- **Neurobiology & Hormones:**
  - CORTISOL
  - THYROID Stimulating Hormone
  - MELATONIN
  - LEPTN & GLUCOCORTICOIDS
  - SEROTONIN TRASPORTER (SERT)
  - GHRELIN
- **Genetics**



Lamerz A, Kuepper-Nybelen J, Bruning N, et al. (2005). Prevalence of obesity, binge eating, and night eating in a cross-sectional field survey of 6-year-old children and their parents in a German urban population. *J Child Psychol Psychiatry*, 46, pp. 385–393

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## WHAT OTHER FACTORS?

- **Highly restrictive/prolonged dieting:** Physical & psychological scarcity
- **Internalized Weight Stigma** and/or Fat Phobia
- **Emotional factors**: Depression, anxiety, stress, boredom, low self esteem, & body image are common experiences with NES. Intense feelings of shame and embarrassment can delay assessment, diagnosis and treatment.

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## NES AND BED

While several studies reported differences between NES and BED, a considerable proportion of patients with BED (18-50%) **met criteria** for NES

u, C.Y., Mei-Chih, M.C., & Chang, C.H., 2018)

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## NES AND COMORBIDITY

- Eating Disorders *(prevalence estimates ranging from 5–44%)*
- Difficulty falling asleep & staying asleep *(disturbances may also precede NES)*
- Depression
- Anxiety
- Mood Disorders
- Sleep Disorders
- Substance Use Disorders
- Low Self Esteem
- Life Stress & Stress About Weight Gain Exacerbate Symptoms
- Diabetes *(prevalence of 9.7% in those with diabetes)*
- Linked to Medical Issues (*e.g., heart disease, increased blood pressure, high cholesterol, etc).*

Vander, W.J.S. (2012). Night eating syndrome: A critical review of the literature. *Clin Psychol Rev*, 32, pp. 49–59

45

## ASSESSMENT TOOLS FOR NES

**Night Eating Syndrome History and Inventory (NESHI)**

**Night Eating Questionnaire (NEQ), a 14-item questionnaire used as a screening tool and symptom severity assessment for NES**

**The "pattern of eating" item from the Eating Disorder Examination (EDE)** can assess the number of days when breakfast was skipped (part of NES criteria). The EDE is a commonly used and validated, semi-structured interview

**Night Eating Symptom Scale** can be used to measure treatment progress

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## CONSEQUENCES OF DISTURBED SLEEP

- Health Consequences
- Fatigue
- Cognitive Issues
- Mood
- Increased risk for psychological disorders
- Warning sign for serious medical or neurological problems

Source: APA_DSM-5-Sleep-Wake-Disorders.pdf (psychiatry.org)

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## ASSESSMENT FOR NES

Consider referring to sleep specialist to undergo a sleep study (aka: polysomnography):

1. Diagnosis of sleep disorder involves a comprehensive assessment, including a detailed patient history, physical exam, questionnaires, sleep diaries, and testing.
2. Sleep Disorders are addressed in similarly comprehensive ways involving behavioral, pharmacologic and other treatments in combination with medical care.

Source: APA_DSM-5-Sleep-Wake-Disorders.pdf (psychiatry.org)

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## DIFFERENTIAL DIAGNOSIS: WHAT'S AN SRED?

A **sleep-related eating disorder (SRED)** is a form of PARASOMNIA

**2 TYPES:**

- **Drug-induced sleep-related eating disorder:** Drug-induced SRED results from taking certain medications.
- **Primary sleep-related eating disorder:** Primary SRED affects people who have other sleep disorders. Certain medications may make primary SRED worse.

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## DIFFERENTIAL DIAGNOSIS: NES OR SRED?

| Night Eating Episode | Parasomnia/Sleep Eating |
|---|---|
| Eating in the middle of the night<br>Not hungry in the morning | Eating in the middle of the night<br>Not hungry in the morning |
| Conscious<br>Consumes edible foods<br>Not associated w/ sleepwalking<br>Not associated with PLMD, RLS, or OSA<br>Low risk of accidental injury | Not fully conscious<br>Might ingest harmful substances<br>Associated with sleepwalking<br>Associated with PLMD, RLS, or OSA<br>Risk of accidental injury |

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## WHAT MAINTAINS NIGHT EATING SYNDROME?

- Major Life Stressors
- Thoughts & Beliefs
- Anxiety & Fear
- Poor Body Image
- Substance Abuse
- Dieting, Restricting, and Irregular Eating Patterns

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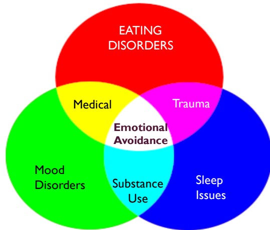
## TREATING THE WHOLE PERSON: A TRANSDIAGNOSTIC APPROACH

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## TREATMENT FOR NIGHT EATING SYNDROME

- CBT Based Approaches
- Pharmacological Treatments
- Improving Sleep Hygiene
- Reducing Stress & Body Image Work
- Normalize Eating Patterns
- Interdisciplinary Team

Alternative Approaches:

- Bright Light Therapy/Phototherapy
- Progressive Muscle Relaxation

McCuen-Wurst C, Ruggieri M, Allison KC. (2018)
Vander Wal JS, Maraldo TM, Vercellone AC, et al. (2015)

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## SLEEP HYGIENE TIPS*

- Practice a sleep routine & pre-bedtime routine (even on weekends)
- Avoid naps during the daytime
- Go to bed when tired and don't stay in bed awake for more than 5-10 minutes.
- Don't watch TV, use the computer, or read in bed during the day or at night
- Be mindful of caffeine consumption afternoon
- Avoid or limit substances that interfere with sleep (e.g., alcohol, cigarettes, OTC meds)
- Clean fresh air
- Exercise in the morning or early afternoon
- Blue light blocking glasses
- If possible, create a dark, quiet & comfortable bedroom
- Place clock out of view
- Consider moving children and/or pets from your bed to a different bed

Adapted from: Sleep Hygiene Tips, Research & Treatments | American Sleep Association

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## KNOW YOUR CLIENT

- Co-morbid Diagnoses (PTSD, Trauma, OCD, etc.)
- Cultural Considerations
- Marginalized Identity/Intersectionality
- Meal Completion Trends
- Client's Core Values: What Are They?
- Do They Know Their Own Patterns?

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## DEVELOP A CULTURALLY SENSITIVE APPROACH

- Explore cultural values
- Explore the history of eating patterns within the client's family and culture
- Examine the client's level of acculturation, which may influence beliefs regarding food.
- Consider the deviation of eating habits from those expected within one's culture.

*From the Renfrew Blog: Are We Really Helping? Counseling Diverse Clients With Eating Disorders By Paula Edwards-Gayfield, LCMHCS, LPC, CEDS-S*

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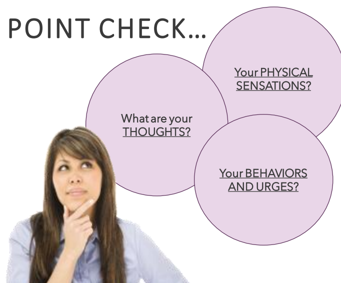
## THE 3 POINT CHECK…



What are your THOUGHTS?

Your PHYSICAL SENSATIONS?

Your BEHAVIORS AND URGES?

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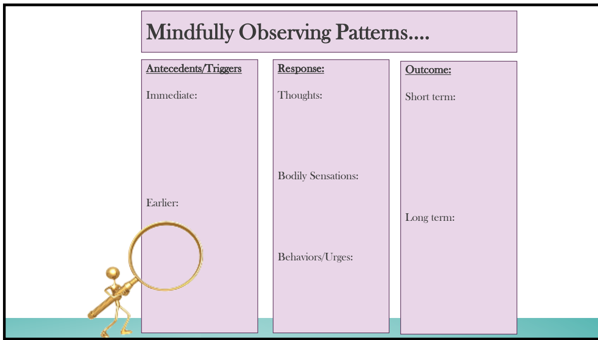


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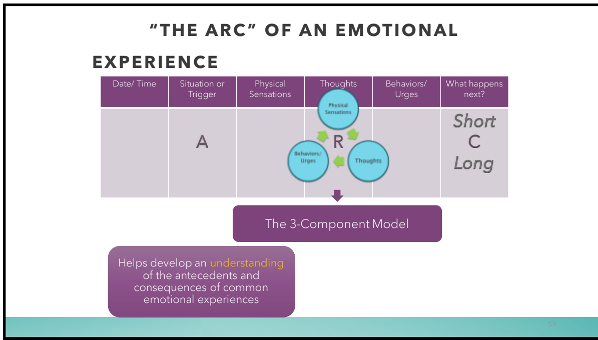


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| Date/ Time | Situation or Trigger | Physical Sensations | Thoughts | Behaviors | What happens next? |
|---|---|---|---|---|---|
| 6/1/2022 3:20AM | Immediate: Loud TV commercial woke me up<br><br>Earlier: Skipped breakfast<br><br>Drank Coffee at 6PM to finish work project<br><br>Argument with partner<br><br>Took nap at noon | Empty Stomach<br><br>Hunger Pangs<br><br>Tense Shoulders<br><br>Headache | I have to eat to fall back asleep<br><br>I'll be up for the rest of the night if I don't eat<br><br>I need sleep or I won't be able to function at work<br><br>What's wrong with me? | Woke Up<br><br>Checked Time<br><br>Got out of Bed<br><br>Turned TV Down<br><br>Scrolled on Phone<br><br>Went to Kitchen to Eat Snack | **Short term:**<br><br>Hunger subsided<br><br>Pleasure from taste of food<br><br>Checking time increased anxiety<br><br>Scrolling on phone increased alertness<br><br>Fell back asleep<br><br>Long term:<br><br>Disrupted sleep<br><br>Reinforced the cycle by teaching body to expect food<br><br>Missed opportunity |

Emotions = Fear, Shame, Anxiety

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## FOOD-EMOTION JOURNAL (FEJ)

- One of the <u>most important tools</u> to increase **awareness** of **connection** between *food* and *feelings.*
- Provides **support**, **structure**, and **accountability** for meeting nutritional needs
- Fill out before, during and after meals
- Complete daily
- Reviewed in nutrition sessions with RD

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**The Renfrew Center *Daily Food-Emotion Journal*** Patient Name:__________ Date:______ Dietitian:________

| Complete this section & your ★SUDS rating BEFORE your meal | | | | Complete this section & your ★SUDS rating AFTER your meal | | | | |
|---|---|---|---|---|---|---|---|---|
| **Exchanges**<br>Record the exchanges for your meal. | | **Descriptions**<br>Briefly record the serving sizes & what your meal consisted | **Meal Intention**<br>State a specific goal for this meal | **Antecedents**<br>The antecedents to your experience of the meal; i.e. the situation or trigger | **Your Emotional Experience of the Meal** | | | **Thinking about the Consequences** |
| | | | | | **Thoughts**<br>The thoughts going through your mind | **Physical Sensations**<br>The physiological sensations you're feeling in your body | **Behaviors/Urges**<br>The actions/behaviors you're doing, or sensing an urge do | **Result(s) of your Emotional Experience**<br>The consequences, results or outcomes of your meal-time experience in the short term and in the long term |
| **Breakfast** | Protein | | | | | | | <u>Short-Term:</u> |
| | Dairy Protein | | | | | | | |
| | Starch | | | | | | | <u>Long-Term:</u> |
| | Fats | | | | | | | |
| | Fruit | | | | | | | |
| | Supplement | | ★SUDS | | | | | ★SUDS |

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## COGNITIVE APPRAISALS & RE-APPRAISALS

- **Automatic appraisal**
- **Practice ways to evaluate and reevaluate thinking patterns**
- **"Thinking Traps": Probability overestimation & Catastrophisizing**
- **Increase Flexibility in Appraisals**

(Hilbert & Tuschen-Caffier, 2004; Leung et al., 1999; Mizes et al., 2000; Rosen, 1996; Waller et al., 2000)

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Helping Your Client Re-Appraise Thinking Traps

**Cognitive Reappraisal Strategies Worksheet**

**Countering Probability Overestimation:**

***Learning to Re-evaluate Jumping to Conclusions***

The first cognitive reappraisal skill is countering probability overestimation, or learning how to reevaluate jumping to conclusions. After identifying the automatic appraisal, the next step is to realistically examine the probability of that outcome actually happening. Essentially, you want to look for evidence from the past or present to test how likely it is that your belief/fear will actually come true.

1. Do I know for certain that ____________________ will happen?
2. Am I 100% sure these awful consequences will occur?
3. What evidence do I have for this fear or belief?
4. What happened in the past in this situation?
5. Do I have a crystal ball? How can *I be sure* that *I know the answer*?
6. Could there be any other explanations?
7. How much does it *feel like* ________________ will happen?
8. What is the true *likelihood* that ________________ will happen?
9. Is my negative prediction driven by the intense emotions I'm experiencing?
10. Is ________________ really so important or consequential?

**Decatastrophizing:**

***Learning to Reevaluate Thinking the Worst***

The second cognitive reappraisal skill is decatastrophizing, or learning to re-evaluate thinking the worst. Once you have identified the core automatic appraisal, the next step is to realistically examine the evidence based on how you have coped in the past if something similar has occurred.

1. What is the worst that could happen? How bad is that?
2. Has ________________ ever happened in the past?
   a. If yes, how did you cope with it? How did you handle it?
   b. If no, how do you think you'd cope with it or handle it now?
3. If it did happen... So what? ________________________________
4. Even if ________________ happens, can I live through it?
5. Is ________________ really so terrible?

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## BODY IMAGE WORK MAY ALSO INVOLVE:

- Identifying core values & interests outside of weight & appearance
- Unlearning internalized beliefs rooted in diet culture/fatphobia/weight stigma/healthism
- Eliminating avoidance strategies and leaning into anxiety
- Taking a neutral approach
- Reframing goals (love your body → think about body less)
- Exposure to diverse body shapes/sizes/abilities
- Media & Social Media Literacy
- Reconnecting with interoceptive sensations & cues
- Experiencing & tolerating pleasure of food & beyond
- Healing Trauma
- Social Justice Work

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## AN INTERDISCIPLINARY OUTPATIENT TEAM

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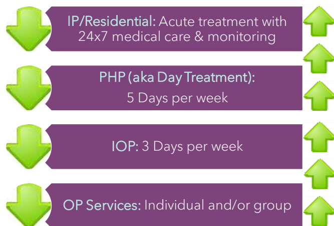
## THE CONTINUUM OF CARE

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