CENTER FOR DISCOVERY

& ADOLESCENT CHANGE

Eating Disorder Program Information

If you don't take care of your body, where are you going to live?

At Center for Discovery we offer intensive residential specialty programs for adolescent females and males with eating disorders. Anorexia and bulimia focus around food and may involve restricting, bingeing and purging. At Discovery we want to help teens and their families regain a healthy life.

Anorexia: Adolescents with anorexia starve themselves and become extremely thin. Both females and males diet obsessively, are preoccupied with food, calories, and nutrition. Those with eating disorders deny hunger, may exercise excessively, weigh constantly and may suffer from depression.

Bulimia: Teenagers with bulimia may consume large amounts of food and then purge by vomiting, laxatives, diuretics or exercise. Both females and males may follow strict diets, frequent the restroom during and immediately after meals, become extremely secretive, and have depressive moods.

Our Residential Eating Disorder Program

The Center for Discovery's Eating Disorder Programs are the first comprehensive residential treatment programs in California dedicated solely to the treatment of adolescent eating disorders.

Why Residential Treatment for Eating Disorders?

The Center offers a professional, structured environment with the comfort and nurturing of a serene home-style setting.

The individualized and intensive treatment experience, under twenty-four hour supervision, is particularly effective in identifying and addressing the destructive behaviors and underlying emotional issues of the disordered eating.

Residential treatment minimizes the institutional nature of traditional psychiatric hospitals, yet offers exceptional outcomes at a fraction of the cost.

Why Adolescent Treatment Only?

Here at the Center for Discovery, we believe that just as eating disorders require specialized treatment, so do adolescents.

Even without the added burden of struggling with an eating disorder, the teenage years are a precarious time, full of confusion, self-doubt and the search for an identity, further compounded by dramatic physiological changes in the body. The developmental struggles of adolescence are vastly different than the struggles in adulthood.

For these reasons, we believe it is essential to treat adolescents in an environment separate from adults where they may receive the specialized attention they need.

Search for an Identity

According to Erik Erikson's theory of development, adolescence is when the individual struggles through the crisis of identity vs. role confusion. Establishing an identity, through such decisions as occupation, sexual orientation and life in general, will lead an adolescent into adulthood. If they are unable to make these deliberate decisions, they may experience role confusion, which may manifest itself in a number of ways.

In the case of eating disorders, role confusion often manifests itself in what Erikson called a 'moratorium' in which the adolescent withdraws from adult responsibilities. If the adolescent successfully worked through earlier conflicts of childhood such as trusting others and believing in themselves, this moratorium may simply pass. In the case of eating disorders where the earlier conflicts may not have been worked through, the moratorium stage may keep the adolescent stuck in childhood. Having an illness such as an eating disorder is a way to extend childhood and to ensure that the child may remain dependent on the parents without having to face the challenges of adult responsibilities.

Individuation

In addition, establishing an identity also means that the child has to see

themselves separate from their parents. In many families where an adolescent has an eating disorder, boundaries between children and parents are often blurred. A parent and child may have become enmeshed, in which they are "too" close. The child is then unable to see themselves as separate from their parent(s). Establishing their own identity would then pose a threat to the cohesiveness of the family. However, this individuation is an essential step in order for an adolescent to have a healthy transition to adulthood.

Peers
In further support of an adolescents only eating disorder program, although the most significant relationships during childhood are with school and family, peer groups are the most important for adolescents. Identification with and loyalty to peers is a common trademark for teens and this fidelity can work for them and against them. In either event, it helps the teen individuate from their parents and allows them to develop social skills they will need in adulthood.

Idealism
Erikson also talked about the different ways in which adolescents view the world and attempt to make sense of it. Adults usually reflect on past experience in their thoughts and beliefs. This is vastly different from adolescents who are idealistic and substitute this idealism for experience. Thinking in terms of ideals as teens do leads to very all or nothing, inflexible thinking. Think in terms of how this kind of black and white thinking can compound the already rigid beliefs and behaviors of an eating disorder. Ideals are not reality and this makes them conflict free. Understanding that this type of thinking is part of a developmental stage and how this may compound an eating disorder helps in changing the irrational beliefs and destructive behaviors of anorexia, bulimia and compulsive overeating.

Adolescence is surely a time of great change. The individual is neither a child nor an adult and the transition to adulthood may be a difficult one even with the utmost in love, support and guidance a parent can give. At the Center for Discovery, we believe that adolescents with eating disorders will benefit the most in a treatment center where their treatment is specialized to both their disorder and their developmental stage. Our goal is not only for the adolescent to start their recovery from the eating disorder but also to give them the skills and support they will need in becoming a young adult.

Males & Eating Disorders

Although it is true that the majority of those diagnosed with eating disorders are girls and women, boys and men also struggle with anorexia,

bulimia and compulsive overeating. It is estimated that males make up 5-10% of the total population diagnosed with anorexia or bulimia although it appears that just as many males as females struggle with compulsive overeating or binge eating disorder.

Here at the Center for Discovery, we believe that females and males with eating disorders are more similar than they are different. There is a common misconception that eating disorders are a woman's disease and that the etiology and/or symptoms are vastly different. These misconceptions result in boys and men having difficulty finding treatment centers that accept them. This is not to say that there are no differences.

Research done in the area of males and eating disorders, Males and Eating Disorders (1990), revealed the following:

- At the onset of the eating disorder, females often believe that they are fat although they are usually in a normal weight range while males have usually been significantly overweight or obese prior to the onset of anorexia or bulimia.
- Males with eating disorders may be more likely than females to also abuse drugs and alcohol (although many females with eating disorders do as well).
- Males usually develop eating disorders at older ages than females.
- Males usually have had an eating disorder for a longer duration of time before seeking treatment, perhaps due to the stigma of having a "woman's disorder", the fear of being the only male in the group or because they have difficulty in finding a treatment center that accepts males.
- The incidence of all eating disorders in males is underreported due to reticence of males to seek treatment, misdiagnosis by professionals, and specifically with compulsive overeating, a culture less willing to diagnose an overweight male with an eating disorder.

Here at the Center for Discovery, we provide a safe and accepting atmosphere for young males struggling with anorexia, bulimia and compulsive overeating. Our trained professionals address the underlying issues that affect everyone with eating disorders while also being able to attend to the needs specific to being a young man.

"Remember, eating disorders have only one kind of victim: people; they afflict males and females alike."
(Anderson, A. (1990). Males and Eating Disorders. Philadelphia, PA: Taylor & Francis.)

Eating Disorder Treatment Components

The Center for Discovery offers a comprehensive treatment approach within a multidisciplinary treatment team.

Each resident is personally involved in the implementation of his/her treatment plan, which includes the following treatment components:

- Individual Psychotherapy
- Group Psychotherapy
- Individual Family Therapy
- Multiple Family Therapy
- Individual Nutritional Therapy
- Leisure Education Groups
- Medical Assessment and Monitoring
- Psychiatric Consultation
- Nutritional Counseling and Education
- Continuing Care Planning
- Exercise and Recreational Counseling
- Experiential Therapies
- Collaborative Educational Programming
- Community Reintegration Activities
- Alumni Association
- Substance Abuse Counseling
- Cognitive-Behavioral Didactic Education
- Task Oriented Family Engagements
- Community Resource Utilization
- Discharge Planning

A Family Approach for Eating Disorder Treatment

It is difficult to define "What is a normal family".

It is important to understand every family has both functional and dysfunctional components. No one knows for certain what aspects of family life contribute to the development of an eating disorder. What is understood is that once a family member develops an eating disorder, all family stressors and difficulties are exacerbated and all members are affected.

Families vary tremendously. In some families everything looks okay on the surface. In others the picture is overtly chaotic, with substance abuse, family discord, legal issues, or family violence obvious to the onlooker.

However, in families in which there is an eating-disordered child, there is a common thread; the existing rules and roles that bind the family together are not accommodating the shifting needs of the individual members.

The Center for Discovery values the importance of a family systems approach to treating adolescent eating disorders. Our treatment plan includes weekly family therapy and multifamily group sessions. For out-of-town families we accommodate a family week or an individualized family schedule to make the child's transition to home successful and not a shock to the family.

In working with the family system, healthy rules and roles can be identified, communication and conflict resolution facilitated, and support and guidance provided to all. This can allow both the family and child to create new and more satisfying ways of operating in the relationship.

Source: Surviving an Eating Disorder: Strategies for Family and Friends. Siegel, Brisman, & Weinshel.

Our Eating Disorder Nutritional Program

Rachel Liger, MS, RD is the Center for Discovery's Nutritional Director and she has developed the nutrition protocol for the center.

The approach includes a brief period of observation followed by a negotiated menu plan. Next, the client is transitioned on to a menu plan to meet their individual needs based on the American Dietetic Association's Exchange List System. Any client who has severe malnutrition, as determined by the physician, will skip the observation stage and progress directly to the healthy, balanced menu plan.

As clients become familiar with their menu requirements, they shift to a menu plan that requires less planning ahead of time and is more representative of what they will be doing when they are ready to leave the facility. Clients will begin to learn the principals behind listening to their bodies needs and eating intuitively. In order to practice intuitive eating, clients are asked to participate in "gentle eating dinners." This is where they learn how to eat slowly and concentrate on the changes their bodies feel as they satisfy them with food.

Additionally, clients participate in a weekly therapeutic dining out at local restaurants of their choosing. Some clients, who are therapeutically ready, get the opportunity to plan a theme night and cook for themselves and their peers.

Dietitians teach weekly nutrition education groups and supervise a practical hands-on nutrition group that is also offered every week. Dietitians meet with the clients weekly to monitor and negotiate necessary changes to meet their nutritional needs. An individualized approach to nutrition therapy is used for all clients. Adequate nutrition is assessed by a return to a normal menstrual cycle, correction of orthostatic hypotension, correction of abnormal nutritionally relevant laboratory data, weight maintenance within a healthy range for adolescents, and pulse rates within normal limits.

Eating Disorder Phase System

The phase system at Discovery is designed to reflect resident's progress in their recovery, allowing for increased independence and self-responsibility. Each resident begins treatment at the assessment phase, with greater supervision as they identify their treatment objectives and orient themselves to the program.

As residents learn new coping skills and show increased capacity for healthy self-regulation, they advance through the phase system, which endorses natural and logical consequences and not a reward/punishment system. Residents experience greater independence and freedom as they approach the final phase at Discovery, which assists them with their transition to home life.

The resident and treatment team commit to a specific contract for each phase. Contracts are individualized to fit the specific needs of each resident and utilize the strengths that he/she has. There are, however, common assignments specific to each phase.

Compulsive Overeating

Many people are familiar with the diagnoses of anorexia nervosa and bulimia nervosa, as these are thought of as the most common eating disorders.

While the incidence of anorexia and bulimia is staggering among adolescence, perhaps an even more commonly occurring eating disorder (and most frequently undiagnosed) is compulsive eating (also known as compulsive overeating, binge-eating disorder).

Compulsive eating can be described as periods of impulsive gorging or continuous eating, usually done secretively. This bingeing is similar to that of bulimia although there is no compensatory purging. However, the person may engage in sporadic fasting or dieting. Thus, a compulsive eater may be anywhere from normal weight to severely morbidly obese. A

compulsive eater usually suffers from the same shame, guilt, depression, low self-esteem and other associated symptoms as those with anorexia and bulimia. However, depression and isolation may be compounded for an adolescent who is overweight or obese due to the ridicule from peers and others.

For many parents and the sufferers themselves, the solution for those compulsive eaters that are overweight or obese seems to be trying a myriad of diets (including diet camps), most of which fail. The reason why diets do not work for many people is because they have an addiction to food. As is the case with all eating disorders, the eating disordered behaviors themselves are symptoms- and represent the person's attempt to cope with underlying issues such as depression. Thus a diet is attempting to simply fix the symptom. For many compulsive eaters, until they address the emotional reasons they are using food, their bingeing or constant eating will continue in a vicious cycle of eating, guilt and depression.

Although we may be reluctant as a society to believe that a person can be addicted to food, we at the Center for Discovery believe one can be addicted to food. This addiction is only compounded by the fact that unlike a drug or alcohol addiction, you have to eat. Thus, a person with an eating disorder has to learn to manage an out of control behavior instead of completely abstaining from a substance. Here at the Center for Discovery, we believe that many adolescents suffer from compulsive eating/binge eating disorder and that they are dealing with emotional and family issues as well as medical complications in every way as serious as those related to anorexia and bulimia.

Disorders Related to Eating Disorders

Eating disorders are complex disorders. The eating disorder symptoms themselves are just that - symptoms!

The person with an eating disorder uses food in order to control certain feelings such as sadness, anger, etc and to cope with a sense of feeling out of control. The manipulation of food, whether it be by restriction, bingeing or purging is a self-soothing mechanism used to deal with inner emotional turmoil. Thus, although the symptoms are usually similar, the underlying issues are never the same, although research has shown some other disorders to be highly correlated to eating disorders.

Most adolescents with eating disorders also suffer from a depression and this is perhaps the most common diagnosis with the eating disorder. Depression is usually viewed as the underlying issue the teen may be using the eating disorder to cope with. Although adolescence is a time of

great physiological and developmental change and is notorious for it's mood swings, not all episodes of depression can be chalked up to typical teen 'blues'. For some adolescents, their depression is severe and chronic and unlike adults, they may have fewer emotional and physical resources to help them cope with these periods. In addition, research has shown a strong genetic component to depression and many teens with depression have family members who also suffer. In addition, pre-existing depression is often exacerbated by the physiological effects of starvation and purging and may be somewhat alleviated when weight and overall health status is restored.

There has been increasing publicity about self-injury (or self-mutilation)in the last few years. Although this is not a disorder listed in the Diagnostic Statistical Manual of Mental Disorders (IV), this behavior, in which the individual may cut, scratch or hurt themselves in some way, is commonly seen in adolescents with eating disorders. The intent of the teen is not always to cause mortal harm but often times hurting themselves may offer some kind of relief or release emotionally. Self-Injury may also be highly correlated with Posttraumatic Stress Disorder.

Anxiety Disorders are also commonly seen in eating disordered adolescents. These disorders include Obsessive-Compulsive Disorder which is perhaps the most common anxiety disorder seen in eating disordered adolescents. OCD is characterized by recurrent obsessions (persistent ideas, thoughts, impulses) and compulsions (repetitive behaviors or thoughts) such as checking and counting done in order to reduce anxiety or distress. Other anxiety disorders sometimes seen in eating disordered adolescents are Posttraumatic Stress Disorder and Generalized Anxiety Disorder in which the adolescent experiences excessive worrying and concern.

Adolescents with eating disorders may also suffer from disruptive behavior problems as well. These problems may range from school truancy to running away to violent outbursts and acting out. Oppositional Defiant Disorder may be the most common behavioral disorder associated with eating disorders, possibly more so with bulimia, although the correlation may not necessarily be considered strong. Adolescents with ODD display negativistic, hostile and defiant behavior. They may blame others for their own mistakes, argue with adults frequently, and deliberately annoy others. Conduct Disorder, in which the child consistently violates the rights of others and social norms, may also be seen in eating disorders but the correlation may be weak.

Approximately one third of those with bulimia also have a substance abuse or dependence problem. Individuals with bulimia may begin using

stimulants as an appetite suppressant but alcohol and other substance abuse is also common.

(American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC, American Psychiatric Association, 1994)

We are here to help you with the Admission Process

We realize that making the decision to seek treatment for an eating disorder, whether it's you or a loved one, can be extremely difficult. Our goal is to make the admission process to our center uncomplicated yet thorough. Below are several important steps in our admission process.

1. Free Initial Consultation by phone
2. Insurance verification/Financial arrangements
3. Medical Clearance

The Center for Discovery is a residential treatment center able to provide medical care for most adolescents with eating disorders who are declared stable by a physician. However, we are not a medical hospital with 24-hour medical staff. Our Medical Director meets with the residents for an initial examination and subsequently meets with residents weekly. Therefore, it is extremely important that we find out prior to admission if an individual is appropriate for our facility or if they require a higher level of care, such as a medical hospital.

The following form will be faxed to your child's medical doctor:

Medical Screening form:
This is a three-page document to be filled out by the child's personal physician when the child goes for an examination. This form requires the doctor to fill out the appropriate information and attach the required tests and then fax the information to our Medical Director to review. Intake will discuss with the parents whether the child was medically cleared for admission.

4. We will also assist you in any way we can with flight information, local hotels and other such information.

Team Specialists

The Center for Discovery and Adolescent Change utilizes highly skilled healthcare professionals who are carefully screened for appropriate

education, training, experience, practical skills, certification, and licensure. Each member of our team demonstrates a deep commitment to the healing and well being of young people and their families.

- Physician
- Psychiatrist
- Clinical Psychologist
- Registered Dietitian
- Masters and Ph.D. Level Clinical Therapists
- Registered Nurse
- Residential Counselors
- Educational Liaison
- Dietary Assistant
- Housekeeper

Meet the Staff

Craig Brown, Ph.D. - Chief Executive Officer, Psychologist and Co-founder
Dr. Brown has been the Chief Psychologist and co-founder of multiple inpatient programs for substance abuse and emotional disorders. He has been involved in the treatment of eating disorders for over 20 years and has specialized in the residential treatment of adolescent disorders for the past ten years.

Jerry Carminio - Chief Financial Officer and Co-founder
Jerry Carminio is a co-founder of The Center for Discovery and Adolescent Change and in a career change has dedicated himself to the creation of treatment centers which offer teens the opportunity to make profound life changes. Jerry is the organization contact to discuss fees and financial arrangements.

James D. "Buck" Runyan, MS, LMFT, LPC, CEDS, Chief Operations Officer Eating Disorder Programs
Buck joined Center for Discovery in 2006. He has been treating adolescents and adults with eating disorders since 1994. He is the founder of Eating Disorder Recovery Services through which he facilitates an Intensive Out Patient Program, Individual/Family Therapy for eating disorders as well as Gastric Surgery Assessments, education and psychotherapy to those in need. Buck held positions as Administrator for the San Bernardino Mental Health Court Pegasus Program and the founding Director of the Remuda Ranch Adolescent Center in Wickenburg, AZ. Buck presents education and professional training sessions on a local, regional, national and international basis. He currently is the Chairperson for the Southern California IAEDP Chapter and he is credentialed as a Licensed Marriage and Family Therapist in California as well as a Licensed

Professional Counselor in Arizona.

Brian Holt, M.D., M.P.H. - Psychiatrist - Downey, Lakewood, La Habra, Long Beach, Whittier
Brian Holt M.D., M.P.H., began working with Discovery in 2004. He is a child and adolescent Psychiatrist with special interests in eating disorders. He did his undergraduate training at Maimi University of Ohio and has a graduate degree in public health from the University of Michigan. His medical school training was at St. Louis University and his residency was at University of California at Los Angeles including specialized training in Child and Adolescent Psychiatry at Harbor UCLA Medical Center.

Barbie Lucas, M.D. - Medical Director
Barbie Lucas, M.D., is a pediatrician with special interests in eating disorders and clinical genetics. She completed her undergraduate training at Brigham Young University, her medical school training at the University of Arkansas, and her residency at the University of California at Irvine, Long Beach Memorial and Children's Hospital Orange County (CHOC). Follwing a chief residency at CHOC, Dr. Lucas completed a fellowship in clinical genetics at Cedar-Sinai Medical Center. Dr. Lucas has been a member of Center for Discovery's treatment team since 2001.

<u>Downey</u>

Julie Agajanian, L.M.F.T. - Program Director - Downey
Ms. Agajanian gained experience interning in the field of a domestic violence and conducted research in the area of perceptions of physical attractiveness. She also gained experience conducting therapy sessions at a community clinic, as well as running weekly groups for children going through divorce. Ms. Agajanian earned her Bachelor's degree in Psychology and a minor in Women's studies from the University of California, Irvine. Thereafter, she obtained her Master's degree in Psychology from Chapman University while simultaneously working at the County of Orange as an in-home behavior specialist for adolescents.

Jackie Noffke, PSY.D. - Primary Therapist - Downey
Ms. Noffke externed at an inner-city not-for-profit clinic, treating children, adolescents and their families. She also gained experience externing and working as a staff therapist at a college counseling center; providing individual, couples and family therapy for university students and the local community. Ms. Noffke attended an externship that provided specialty training in cognitive-behavioral therapy and dialectical behavioral therapy while working with severely mentally-disabled adults. Thereafter, she attended a year-long clinical psychology internship at Stony Brook University Counseling Center in Stony Book, New York. While at Stony Brook University, she provided individual and group therapy to university

students. Ms. Noffke earned her Bachelors degree in Psychology from the University of Wisconsin and her doctorate degree in Clinical Psychology from Rosemead School Psychology.

Lakewood

Thia Spezialy, M.A. - Primary Therapist - Lakewood
Ms. Specialy studied eating disorders extensively and she developed and facilitated a series of art therapy groups with adolescent girls on the subject of body image for her Masters research thesis. She was introduced to Art Therapy during her studies at the School of the Art Institute of Chicago ("SAIC"), which prompted her to switch careers to Art Therapy in 2003. Ms. Specialy earned her Bachelors degree in Fine Arts from SAIC in 1995. In 2005, she graduated from Loyola Marymount University with a Master of Arts degree in Marital and Family Therapy and specialized in training in Clinical Art Therapy.

Menlo Park

Adrianne Altman, Ph.D., Program Director - Menlo Park
Dr. Altman graduated summa cum laude from The Ohio State University in 1994 with a bachelor's degree in psychology and a minor in family relations and human development. She earned her Ph.D in Clinical Psychology from the University of North Texas. Her research focused on substance abuse, major mental illnesses, and child sexual abuse. Dr. Altman has extensive training in death loss and trauma and was one of twelve students from her university who traveled to New York to provide short-term therapy to the children affected by 9/11. Dr. Altman received specialized training in pediatric psychology through working with medically ill children at Texas Scottish Rite Hospital and Children's Hospital of Orange County (CHOC), where she completed her internship. Before joining the Center for Discovery, Dr. Altman completed a postdoctoral fellowship at the Children's Health Council in Palo Alto, California.

Dr. Hartman, M.D., - Psychiatrist - Menlo Park
Dr. Hartman has a BA in English Literature from U.C. Santa Barbara, and then later went on to receive his medical degree at St. George's University. He trained in his general Psychiatry residency at the University of Connecticut School of Medicine and is currently finishing his final year in a fellowship specializing in Child and Adolescent Psychiatry at Stanford University. Dr. Hartman joined Center for Discovery in 2007.

Dr. Carlton, M.D. - Medical Director - Menlo Park
Dr. Carlton, M.D. is the Medical Director at Discovery's Menlo Park, CA facility. She is a specialist in adolescent eating disorders, is on staff at Stanford University School of Medicine where she developed and currently

directs the Adolescent Eating Disorder Parent Education and Support Program. She is an author and a national speaker. Dr. Carlton graduated from the University of Southern California School of Medicine and did her pediatric and adolescent medicine training at Children's Hospital Los Angeles.

Suzannah Tipermas, M.A., M.F.T., Primary Therapist - Menlo Park
Suzannah received her bachelor's degree in Drama/Psychology from Stanford University. Her honors thesis involved writing and performing a play about women recovering from eating disorders. She went on to earn her MA in Counseling Psychology/Expressive Arts Therapy from the California Institute of Integral Studies. Her master's project studied the use of expressive arts in treating co-occurring eating disorders/addiction issues. Suzannah has been a therapist for women and girls recovering from eating disorders, substance abuse, and trauma since 2003. She was the primary counselor for the dual diagnosis program at the Women's Recovery Association, completed a school counseling internship, and works in a private practice setting as well. Suzannah is also a certified yoga instructor and loves incorporating body and breath awareness into a creative and strength-based therapy approach with recovering teens.

Whittier

Amy Brown, M.A. - Program Director - Whittier
Amy earned her bachelor's degree in psychology from the University of Northern Colorado. She worked with children and adolescents in residential treatment for seven years before relocating to Southern California to continue her education. Amy started work with Center for Discovery in January of 2000 while earning her Master's degree in clinical psychology from Pepperdine University.

Brandy Lakis, M.S. - Primary Therapist - Whittier
Prior to joining Discovery in 2006, Ms. Lakis interned with the San Fernando Valley Community Mental Health Center, where she gained extensive experience in the areas of substance abuse, mood disorders and personality disorders. Ms. Lakis received her Bachelors degree in Communications form the University of Southern California and her Masters degree in Marital and Family Therapy for Pepperdine Universtiy.

Lisa Langdale, M.S. - Primary Therapist - Whittier
Lisa graduated from UC Santa Barbara with a bachelor's degree in Biopsychology. After graduating in 2000 she worked as a Counselor at Center for Discovery in Lakewood for 2 years. In 2004 Lisa obtained her Masters degree in Marital and Family Therapy from California State University Dominguez Hills and returned to Center for Discovery as a primary therapist at the Whittier facility. Lisa plans to become a licensed

MFT and one day earn a Ph.D. in Clinical Psychology.

Perla Vilhjalmsdottir, M.A. - Primary Therapist - Whittier
Ms. Vilhjalmsdottier joined Discovery in 2003. She has extensive experience in research on development of ethnic diversity among children and adolescents. Ms. Vilhjalmsdottier has a Bachelor of Education ("B.Ed.") degree in Child Development from the University College of Education in Iceland and a Masters in Psychology from California State University, Los Angeles. For her B.Ed. degree, she completed a reviewed paper on children of alcoholic parents in European American and Icelandic families.

Lisa Arndt, M.A. - Therapist - Whittier.
Lisa has specialized in the field of disordered eating since her undergraduate studies at The University of Santa Cruz. She earned her Masters degree in Clinical Psychology from Antioch University. Lisa joins us from Rader Programs, where for three years gained an excellent reputation as a group counselor. Lisa remains heavily involved in community education and has been a resource for the national media, appearing on shows such as Dateline NBC and two appearances on the Leeza Gibbons Show. She is active in promoting comprehensive awareness through the Internet, as well as attending numerous conferences on disordered eating. Lisa has also been featured in a People Magazine feature about eating disorders.

Nutrition Services

Rachel Liger, M.S., R.D. - Director of Nutrition Services, Nutrition Therapist, Registered Dietician
Rachel Liger is a Registered Dietitian with a Masters Degree from California State University, Long Beach. During her Masters program, she conducted clinical research measuring the importance of the dietitian for weight loss when appetitie suppresants are used. Rachel currently works as the Director of Nutrition Services at Center for Discovery and Adolescent change. She has held this position since the opening of the eating disorder program. She designed and developed the nutrition program and now oversees 4 eating disorder facilities and 2 dual diagnosis facilities. She manages and supervises 4 Registered Dietitians and has developed an extensive training program for dietetic interns. She lectures extensively in the community and at professional meetings for the purpose of raising awareness about the dangers of eating disorders.

Ron Gutierrez - Whittier
Ron earned his Culinary Degree in 2002 from the Le Cordon Bleu Culinary program at the California School of Culinary Arts in Pasadena, California. Since graduating Ron gained experience as the lead cook at the

Doubletree Hotel in Pasadena, California. Ron then moved on to accept a Sous Chef position at the Radisson Wilshire Hotel in Los Angeles, California. Ron also had experience as the Executive Chef at St. Monicas School in Santa Monica, California, preparing meals for the entire staff and student body. Ron brings with him the life experience of raising six children, three of his own and three step children. Five of the children are between the ages of twenty and twenty five, the youngest daughter is six years old.

Parent's Guide

This information is intended to give parents some very basic tips on how to deal with a son or daughter with an eating disorder. These suggestions are not meant to minimize the extreme complexity of eating disorders nor is this a substitute for treatment. These are simply guidelines to help give parents some insight into some of the difficulties they may be having with their loved one. Please consult with a professional for assistance.

Tips for Parents

3 Basic Strategies:

1. Disengage from the eating disorder
2. Develop a healthier relationship
3. Examine the family's rules and structure and make appropriate, healthy changes

Suggestions:

1. Focus on feelings and interpersonal relationships, not food and weight
2. Be patient, loving, supportive and firm.
3. Try to maintain as normal and healthy a lifestyle as possible.
4. Talk directly to the person with the eating disorder about your concerns and seek professional help.
5. Don't play the role of the "food police". Allow the family member with the eating disorder to take responsibility for his/her behavior and consult with the professionals about how to proceed.
6. Relate to the person, not the eating disorder. Don't let the person's identity be defined by his/her eating disorder. Make it clear that your feelings for that person don't depend on his/her weight, shape or eating habits.
7. Improve communication between family members and promote self-expression for each member.

References: Brisman, J., Siegel, M. Weinshel, M. (1997). Surviving an eating disorder. New York: HarperCollins. Costin, C. (1997). Your dieting daughter: Is she dying for attention? New York: Brunner/Mazel. Garfinkel, P.E., Garner, D.M. (1997). Handbook of treatment for eating disorders. New York: Guilford. Levine, M.P. & Hill, L. (1993) 5 Day Lesson Plan on Eating Disorders. Columbus, OH: National Eating Disorder Organization.

Red Flags for Eating Disorders

- Constant thoughts about your weight
- Enjoy cooking for others but not for yourself
- Find that your weight determines your mood for the day
- Avoid eating with family and friends
- Feel guilty after you eat
- Frequently compare your body size and shape to others
- Weight fluctuates drastically over short time spans
- Compulsively exercise
- Preoccupation with the eating behaviors of other people
- Menstrual irregularities
- Eating to relieve stress or depression
- Self-induced vomiting
- Laxative abuse
- Diuretic abuse
- Constant concern of being fat
- Difficulty concentrating
- Increased isolation
- Hair loss
- Preoccupation with nutrition, calories, food, cooking, and exercise
- Frequent weighing of self
- Binge uncontrollably on large amounts of food to the point of feeling sick
- Participation in frequent diets
- Lying to others about how you eat
- Insomnia or difficulty sleeping
- Dizzy spells, fainting, or blackouts
- Always feel cold
- Fine body hair on your body
- Swollen puffy cheeks
- Feel confused about your emotions or fear of expressing them
- Skip school or work because you feel fat or sick
- Eat the same rigid foods all the time
- Workout even when injured or sick
- Decline social engagements because you have to work out
- Extremes in exercise regimen, either exercise excessively or not at all
- Loss of interest in things you use to enjoy

- Purchase clothing based on the size instead of the fit

Fees and Reimbursement

The Center for Discovery is committed to providing the highest standard of care while minimizing fees as much as possible. Program costs are based on a standard day rate with additional fees for extenuating medical and lab fees. Many insurance carriers offer reimbursement for residential treatment. We will assist in verifying coverage for you.

Insurance Guidance

Intake will assist you and contact your insurance company. Center for Discovery is contracted with many insurance companies. If we are not contracted with your insurance company, they may still cover treatment costs.

If you have any further questions, please email us at contactus@centerfordiscovery.com or call us at 800-760-3934.

Teen's Guide

This information is intended to give teens some very basic tips on how to deal with an eating disorder. These suggestions are not meant to minimize the extreme complexity of eating disorders nor is this is a substitute for treatment. These are simply guidelines for teens. Please consult with a professional for assistance.

Body Image Issues

Everyone has a body image, that is, we all have some sort of idea of how our body looks and is perceived by others. Having a body automatically establishes a relationship between our thoughts and our physical being. This relationship is one of the most significant relationships we will have during our lives. Body image gets especially complicated during the adolescent years for several reasons. The main reason is that our bodies begin to really change in adolescence and demands our attention. Children, although aware of their bodies, usually have not established a complex framework for relating (or not relating) to their bodies. Puberty ends any ignorance we may have about being physically manifested, as the body calls for our attention as it develops into an adult form. Adolescents often become hyper-aware of their bodies during the onset of puberty. Teenagers who are "late bloomers" will still develop this hyper-awareness because their peers will begin to bring up this topic due to their own self-consciousness. By the age of thirteen, adolescents have established a way of relating (or not relating purposefully) to their physical

selves. In our culture, body awareness is occurring much earlier than in decades past and the critical analysis of the body has unfortunately become the norm. The over-exposure to the media directs young people to examine their bodies and even measure their physical appearances against unrealistic computer-enhanced images in the media.

In our current climate of impossible beauty standards and with an aggressive amount of media that children are exposed to from an early age, it is surprising that anyone reaches adulthood with a healthy body image. And the truth is that nearly all adolescents suffer from poor body image for years (if not a lifetime). Eating disorders suddenly make sense when we think about our society's approach to physical appearance. Teenagers are amazingly well-educated by the time they reach high school on how one's body "should" look and most have already tried some form of dieting. In the 1950's it was quite rare to find a tenth grader on a diet, whereas in the 1990's it was quite rare to find a tenth grader who was not on a diet. The problem is growing worse each year and there seems no end in sight. To meet an adolescent who is satisfied with their physical self is nearly impossible. The constant intrusion of the media compounded with peer pressure and the focus on one's body is completely devastating for today's adolescent. The rising number of eating disorders among our youth is unfortunate but not surprising. Boys and girls are struggling with anorexia, bulimia and binge eating more than ever before.

Body image is much more negative and distorted in a person with an eating disorder than in a "normal" teenager. People with eating disorders are more critical of their physical selves (and inner selves) and literally wage a war against their bodies. Distorted body image is a psychological term for people who view their bodies differently than their bodies actually are. People with anorexia will see themselves as fat in the mirror when the reality is they are gaunt and emaciated. This distortion fuels the disordered eating further and as they become more involved in eating disordered behavior, his or her body image will become increasingly distorted. Although they feel as though they will be satisfied when they reach a certain weight or look, they find they are never satisfied and it quickly becomes a vicious and life-threatening cycle.

At the Center for Discovery, the treatment team recognizes body image problems as a key feature in disordered eating. We offer body image groups every week in which clients participate in hands-on exercises that help break down body image distortions and teach clients how to begin to appreciate their bodies. In addition to body image groups, the topic of self-awareness and self-image is addressed on a frequent basis with both educational information and the processing of the emotional pain tied into one's body image. Clients begin to experience recovery on the emotional, spiritual and physical level. Clients are able to discover first hand how

working on one's body image actually changes the way they view themselves. Clients also discover how self-confidence improves the way they carry themselves and come across to others. They also learn how improved confidence may lead to better posture and better eye contact, which boosts their self-esteem quickly.

Clients are further educated about the power of the media and how to deal with it's negative influence on their self-esteem. Clients begin to get back in touch with their bodies such as recognizing hunger states and begin to recognize their own body's wisdom and how they might use this in a positive way to enhance their lives. Working towards a better relationship with their bodies, clients leave the Center for Discovery with a newfound image of their bodies and a newfound knowledge of how to take care of the only real "house" they will ever have - their bodies.

Frequently Asked Questions about our Eating Disorder Program

Entering a residential program for recovery and healing is a courageous act. You may be away from home for several weeks or months and that is difficult. Future residents often have many questions about what to expect at the Center for Discovery, understandably so. Some residents may not have the opportunity to visit the facility before admitting, so they may be even less sure of what to expect. Over time we have noticed that there are some common questions. So, we have provided a few answers to some common questions.

Is it a hospital?
No. The Center for Discovery's Eating Disorders programs are in very spacious, comfortable homes in the neighborhoods of Downey, Lakewood, Menlo Park, and Whittier. Our homes look similar to your own home. Our resident usually feel very comfortable in this softer, more home-like setting than in a sterile hospital or institution.

How many people are there? What are they like?
There are 6 - 17 residents in a program and they are similar to you. They are between 11 - 19-years-old. Some residents are concerned that they will be the only one with their particular problem. Residents frequently suffer from similar problems. This is the basic reason why a residential community is an effective treatment setting. New residents are soon to find that they are not alone and that many people struggle with the same painful issues and are having success in healing and resolving their problems.

Do I get my own room or do I have a roommate?
It depends upon the number of residents in the house. Generally there are two beds to each room so in most cases everyone has a roommate.

Do I go to school?
Students work on assignments from their own school or attend a charter school. In most cases, students are able to keep up with school requirements. Tutoring is offered when a resident needs academic support.

Can I exercise?
Absolutely. There is an exercise component to each program. Workouts at the YMCA, nature walks, swimming, and games in the park are all a part of the experience.

Is the house locked? Do you ever go out?
The Center for Discovery is a voluntary experience. The house is not locked, however, residents are not allowed to leave unless accompanied by a staff person. Residents leave the house often for walks, outings, and various activities in the community or just to the back yard where they may play games, garden or have individual or group therapy.

Medical Complications

Many boys and girls today are suffering from Anorexia, Bulimia and Compulsive Overeating. All of these eating disorders can be life threatening. Medical complications due to an eating disorder often times have little to do with weight or age. Eating disorders currently have the highest death rate for all psychiatric disorders, and of these victims, many are not underweight and many are teenagers. Some medical problems suffered due to an eating disorder are reversible but unfortunately, many are not. Medical complications can have a devastating effect on the body and death can occur even when the person is no longer engaging in the destructive behaviors like restricting, purging or bingeing. Below is a list of some medical complications that may arise from eating disorder behavior. (Please note these are not listed in order of seriousness.)

- **Amenorrhea** - Loss of menstrual cycle (due to lack of secreting hormone, Estrogen, by the ovaries). Loss of the menstrual cycle can also lead to Osteopenia and Osteoporosis.
- **Anemia** - this makes the oxygen transporting units within the blood useless and can lead to fatigue, shortness of breath, increased infections, and heart palpitations.
- **Bad Circulation, Slowed or Irregular Heartbeat, Arrhythmias, Angina, Heart Attack** - There are many factors associated with having an Eating Disorder that can lead to heart problems or a heart attack. Sudden cardiac arrest can cause permanent damage to the heart, or instant death... electrolyte imbalances (especially potassium deficiency), dehydration, malnutrition, low blood pressure, extreme orthostatic hypotension, abnormally slow heart

rate can all cause serious problems with the heart. High blood pressure, accumulation of fat deposits around the heart muscle, high cholesterol, decreased exercise due to lack of mobility, diabetes and hormonal imbalances can all lead to serious problems with the heart as well.

- **Arthritis (degenerative)** - can be caused by hormonal imbalances and vitamin deficiencies as well as increased stress on the joints in individuals who are suffering Compulsive Overeating.
- **Barrett's Esophagus** - associated with Cancer of the esophagus and caused by Esophageal Reflux, this is a change in the cells within the esophagus.
- **Callused or bruised fingers** - this is caused by repeatedly using the fingers to induce vomiting.
- **Cancer** - of the throat and voice box (Larynx) due to acid reflux disorders.
- **Chronic Fatigue** - continuous and crippling fatigue related to a weakened immune system.
- **Cramps, bloating, constipation, diarrhea, incontinence** - increased or decreased bowel activity.
- **Dehydration** - caused by the depletion or lack of intake of fluids in the body. Restriction/Starvation, vomiting and laxative abuse are the primary causes in victims of Eating Disorders. Symptoms include dizziness, weakness, or darkening of urine. It can lead to kidney failure, heart failure and death.
- **Dental Problems, Decalcification of teeth, erosion of tooth enamel, severe decay, Gum Disease** - will be caused by stomach acids and enzymes (from vomiting); vitamin D and calcium deficiencies, and hormonal imbalance. Can also be due to the lack of exercise the teeth can get from the process of eating certain foods. Dental problems can sometime indicate problems with the heart.
- **Depression** - mood swings and depressions can all be caused by physiological factors such as electrolyte imbalances, hormone and vitamin deficiencies, malnutrition and dehydration. Living with the Eating Disorder behaviors themselves will cause depression. Depression can also lead the victim back into the cycle of the Eating Disorder (or may have initially been the problem before the onset of the ED). Stress within family, job and relationships can all be causes. There are also a percentage of people born with a pre-disposition to depression, based on family history. Can lead to Suicide
- **Diabetes** - high blood sugar as a result of low production of insulin. This can be caused by hormonal imbalances, hyperglycemia, or chronic pancreatitis.
- **Digestive Difficulties** - a deficiency in digestive enzymes will lead to the body's inability to properly digest food and absorb nutrients.

This can lead to malabsorption problems, malnutrition and electrolyte imbalances.

- **Disruptions in Blood Sugar Levels** - Low Blood Sugar/Hypoglycemia: can indicate problems with the liver or kidneys and can lead to neurological and mental deterioration. Elevated Blood Sugar/Hyperglycemia - can lead to diabetes, liver and kidney shut down, circulatory and immune system problems.
- **Dry Skin and Hair, Brittle Hair and Nails, Hair Loss** - caused by vitamin and mineral deficiencies, malnutrition and dehydration.
- **Easily Bruising Skin** - Vitamin Deficiencies that decrease the body's ability to heal itself, low blood pressure and extreme weight loss can all lead to easily bruised skin that can take a long time to heal.
- **Edema** - swelling of the soft tissues as a result of excess water accumulation. It is most common in the legs and feet of Compulsive Overeaters and in the abdominal area of Anorexics and/or Bulimics (can be caused by Laxative and Diuretic use).
- **Electrolyte Imbalances** - electrolytes are essential to the production of the body's "natural electricity" that ensures healthy teeth, joints and bones, nerve and muscle impulses, kidneys and heart, blood sugar levels and the delivery of oxygen to the cells.
- **Esophageal Reflux** - Acid Reflux Disorders - partially digested items in the stomach, mixed with acid and enzymes, regurgitates back into the esophagus. This can lead to damage to the esophagus, larynx and lungs and increases the chances of developing cancer of the esophagus and voice box.
- **Gastric Rupture** - spontaneous stomach erosion, perforation or rupture.
- **High Blood Pressure, Hypertension (more common in those with Compulsive Overeating and/or Binge Eating Disorder)** - elevated blood pressure exceeding 140 over 90. Can cause: blood vessel changes in the back of the eye creating vision impairment; abnormal thickening of the heart muscle; kidney failure; and brain damage.
- **Hyperactivity** - manic bouts of not being able to sit still.
- **Impaired Neuromuscular Function** - due to vitamin and mineral deficiencies (specifically potassium), and malnutrition.
- **Infertility** - the inability to have children. Caused by loss of menstrual cycle, and hormonal imbalances. Malnutrition and vitamin deficiencies can also make it impossible to succeed with a full-term pregnancy, and can increase the chances significantly of a baby born with birth defects.
- **Insomnia** - having problems falling and/or staying asleep.
- **Ketoacidosis** - high levels of acids that build up in the blood (known as ketones) caused by the body burning fat (instead of sugar and carbohydrates) to get energy. It can be a result of

starvation, excessive purging, dehydration, hyperglycemia and/or alcohol abuse (it can also be a result of uncontrolled or untreated diabetes). It can lead to coma and death.

- **Kidney Infection and Failure** - your kidneys "clean" the poisons from your body, regulate acid concentration and maintain water balance. Vitamin deficiencies, dehydration, infection and low blood pressure increase the risks and are associated with kidney infection thus making permanent kidney damage and kidney failure more likely.
- **Lanugo** - (soft downy hair on face, back and arms). This is caused due to a protective mechanism built-in to the body to help keep a person warm during periods of starvation and malnutrition, and the hormonal imbalances that result.
- **Liver Failure** - the liver aids in removing waste from cells, and aids in digestion. You cannot live without your Liver. Fasting and taking acetaminophen (drug found in over-the-counter painkillers) increases your risks for Liver damage and failure. Loss of menstruation and dehydration (putting women at risk for too much iron in their system), and chronic heart failure can lead to liver damage or failure.
- **Low Blood Pressure, Hypotension (more common in those with Anorexia and/or Bulimia)** - caused by lowered body temperature, malnutrition and dehydration. Can cause heart arrythmias, shock or myocardial infarction.
- **Orthostatic Hypotension** - sudden drop in blood pressure upon sitting up or standing. Symptoms include dizziness, blurred vision, passing out, heart pounding and headaches.
- **Low Platelet Count or Thrombocytopenia** - Caused by low levels of vitamin B12 and Folic Acid, and/or by excessive alcohol. It may also be an indication of a suppressed immune system or immune dysfunction.
- **Lowered body temperature** - Temperature Sensitivity - caused by loss of healthy insulating layer of fat and lowered blood pressure.
- **Mallory-Weiss tear** - associated with vomiting, a tear of the gastroesophageal junction.
- **Malnutrition** - caused by undereating or overeating. The word malnutrition indicates deficiency for energy, protein and micronutrients (e.g. vitamin A, iodine and iron) either singularly or in combination. It can cause severe health risks including (but not limited to) respiratory infections, kidney failure, blindness, heart attack and death.
- **Muscle Atrophy** - wasting away of muscle and decrease in muscle mass due to the body feeding off of itself.
- **Osteopenia** - Below normal bone mass indicating a calcium and/or vitamin D deficiency and leading to Osteoporosis.* Hormone

imbalance/deficiencies associated with the loss of the menstrual cycle can also increase your risks of Osteoporosis and Osteopenia.

- **Osteoporosis** - Thinning of the bones with reduction in bone mass due to depletion of calcium and bone protein, predisposing to fractures.
- **Pancreatitis** - this is when the digestive enzymes attack the pancreas. It can be caused by repeated stomach trauma (such as with vomiting), alcohol consumption or the excessive use of laxatives or diet pills.
- **Peptic Ulcers** - caused by increased stomach acids, cigarette smoking, high consumption of caffeine or alcohol.
- **Polycystic Ovarian Syndrome** - a study a few years ago suggested that people with Eating Disorders were at an increased risk for developing Polycystic Ovarian Syndrome (PCO), and that recovery from the Eating Disorder should be part of treatment for PCO
- **Problems during pregnancy** - including potential for high-risk pregnancies, miscarriage, still born babies and death or chronic illness from minor to severe, in children born (all due to malnutrition, dehydration, vitamin and hormone deficiencies).
- **Reflux** - can sometimes become severe enough that food cannot be kept down at all and medical attention should be sought immediately.
- **Seizures** - the increased risk of seizures in Anorexic and Bulimic individuals may be caused by dehydration. It is also possible that lesions on the brain caused by long-term malnutrition and lack of oxygen-carrying cells to the brain may play a role.
- **Swelling** - in face and cheeks (following self-induced vomiting).
- **Tearing of Esophagus** - caused by self-induced vomiting.
- **TMJ "Syndrome" and Related TMJ Problems** - degenerative arthritis within the tempero-mandibular joint in the jaw (where the lower jaw hinges to the skull) creating pain in the joint area, headaches, and problems chewing and opening/closing the mouth. Vitamin deficiencies and teeth grinding (often related to stress) can both be causes.
- **Weakness and Fatigue** - caused by generalized poor eating habits, electrolyte imbalances, vitamin and mineral deficiencies, depression, malnutrition, and heart problems.
- **Death** - caused by any of the following or any combination of the following: heart attack or heart failure; lung collapse; internal bleeding, stroke, kidney failure, liver failure; pancreatitis, gastric rupture, perforated ulcer, depression and suicide.

(*Thank you to www.something-fishy.org for this expansive list.)

Testimonials

Hopeless...tired...relentless...disconnected...confused... These feelings were among the many I endured before my stay at Center for Discovery. Arriving at CFD I had given up on my life, future, and myself. I had finally hit rock bottom and I needed help. As I strolled through those tall white doors my first day, I was instantaneously engulfed by fear. Everything I had known and done up to this point was according to me and now I was going to have to abide by rules and regulations from people I didn't even know. To my surprise, the treatment I received at CFD was unimaginable. The staff treated each client with care, compassion, and sometimes in a stringent manner when necessary. As I gaze to the past I am exceptionally thankful for having the opportunity to receive the help I needed. I won't say that working towards recovery at CFD was effortless or painless, but I will verbalize that every tear, struggle, fear, and distressing moment I felt while at CFD was worth the healthy, happy, eating disorder FREE life I live today.

HD

You have taught me a journey of a thousand miles begins with one step. You helped me take that first step and keep on walking. With out that first step recovery would not have happened. Thanks to you all, I now have another chance at life. I will always remember may stay at Discovery. I learned so much from you all that will stay with me forever. Center for Discovery has given me a different outlook on life that I never saw before. I think that Discovery offers so much to young adults that will help through out life. You all are angels!!!

Love always,
MM

Like a patchwork quilt, work began. Gears were set in motion and before long, our daughter was chugging along a path that she fell in love with. What a beautiful, scary, happy, frightful, energizing, angry, and comforting path it has turned out to be. As parents, we discovered our daughter's personal struggles and took a path toward healing for ourselves. All of this through the insight of the wonderful Center for Discovery staff. You people know your work! You are all sheer professionals in every sense of the word! You work together for the good of the one. You show respect for everyone. Not a rock goes unturned!

In All Sincerity,
TD

With your help and support, our daughter is coming home to us with a newfound determination to live her life free of her eating disorder. For that and for so many other things about herself that you have helped her discover; we will be eternally grateful. You'll always be in our heart.

With gratitude,
K & B

Links and Resources

AED Academy for Eating Disorders
For E.D. professionals; promotes effective treatment, develops prevention initiatives, stimulates research, sponsorsinternational conference and regional workshops.

ANAD National Association of Anorexia Nervosa & Associated Disorders
Distributes listing of therapists, hospitals, and informative materials; sponsors support groups, conference, research, and a crisis hotline. Quarterly newsletter.

EDA Eating Disorders Anonymous
A "balance, not abstinence" 12-step fellowship. Free literature available.

Eating Disorder Coalition for Research, Policy and Action
Advances the federal recognition of eating disorders as a public health priority.

Eating Disorders Information Network
Atlanta-based resource and referral resource. Quarterly magazine, speakers bureau, curriculums, school outreach programs, EDAW events.

Eating Disorder Referral and Information Center
Provides free information and treatment referrals for all forms of eating disorders.

The Elisa Project
Distributes a listing of therapists, treatment centers, and informative materials. Annual community dinner and symposium, bi-annual newsletter, support groups.

Help Guide
Support groups help patients and families talk about their experiences and help each other get better. If you have an eating disorder, a support group is a great way to gain support, find ways to improve your self-concept, and know that you are not alone in the struggle!

IAEDP International Association of Eating Disorders Professionals
A non-profit membership organization for professionals; provides certification, education, local chapters, a newsletter, and an annual symposium.

MEDA Massachusetts Eating Disorders Association, Inc.
Newsletter, referral network, local support groups, educational seminars and trainings, speaker series.

National Eating Disorders Association
NEDA is dedicated to expanding public understanding of eating disorders and promoting access to quality treatment for those affected along with support for their families through education, advocacy and research.

NEDSP The National Eating Disorders Screening Program
Eating disorders screening, education, and outreach programs.

Center for Discovery and Adolescent Change

Program Schedule October 2006

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6:00-7:00am	Wake Up/Shower Vitals	Wake Up/Shower Vitals	Wake Up/Shower Vitals	Wake Up/Shower Vitals	Wake Up/Shower Vitals	Wake Up/Shower Vitals	Wake Up/Shower Vitals
7:00-7:30am	Food Prep.	Food Prep.	Food Prep.	Food Prep.	Food Prep.	Food Prep.	Food Prep.
7:30-8:00am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:00-9:00am	YMCA 8:00-9:30am	Travel Time / School	YMCA 8:00-9:30am	Travel Time / School	Walk	Journaling	Reflections
9:00-10:15am	Life Skills 9:30-10:15am	School	Contract Group 9:30am	School	Psycho-Education Group	Life in Play 8:30- 10:45	Assignment Sharing
10:15-10:45am	Snack	Snack	Snack	Snack	Snack	Snack	Snack
10:45-12:00pm	Process Group	Walk / Individual Session	Process Group	Walk / Individual Session	Process Group	YMCA 10:45a-12:15p	Personal Time
12:15-12:45pm	Here & Now Lunch	Lunch	Here & Now Lunch	Lunch	Lunch	Here & Now Lunch	Lunch
12:45-1:30pm	School	School	School	School	School	Community	Free Time
1:30-2:30pm	Current Events	Health Education	DBT Group	Body Acceptance	Coping Skills Role Play	Community Outing/Snack	Visiting Hours 1:30pm-5:00pm
2:30-2:45pm	Snack Prep.	Snack Prep.	Snack Prep.	Snack Prep.	Snack Prep.	Outing	Snack Prep.
2:45-3:10pm	Snack	Snack	Snack	Snack	Snack	Snack	Snack
3:10-3:55pm	School/Individual Session	School/Individual Session	School/Individual Session	School/Individual Session	Nutrition Group	Community Outing	Visiting Hours / Free Time
3:55-4:45pm	School/Individual Session	School/Individual Session	School/Individual Session	School/Individual Session	School/Individual Session	Community Outing	Visiting Hours / Free Time
4:45-5:45pm	Relapse Prevention	Art Therapy	Self-Esteem Group	Relaxation Group	Assignments	Community Outing	Walk
6:00-6:45pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:45-7:30pm	Pre-Contract Group	Pampering Group	Menu Planning/ Therapy Assignments	Personal Time / Homework	Menu Planning/ Therapy Assignments	Personal Time / Homework	Community Meeting
7:30-8:15pm	School / 1 on 1 / Assignments	School / 1 on 1 / Assignments	School / 1 on 1 / Assignments	School / 1 on 1 / Assignments	School / 1 on 1 / Assignments	School / 1 on 1 / Assignments	School / 1 on 1 / Assignments
8:15-8:30pm	Snack Prep.	Snack Prep.	Snack Prep.	Snack Prep.	Snack Prep.	Snack Prep.	Snack Prep.
8:30-8:50pm	Snack	Snack	Snack	Snack	Snack	Snack	Snack
8:40-9:00pm	Commitments	Commitments	Commitments	Commitments	Commitments	Commitments	Commitments
9:00-9:30pm	Prepare for Bed	Prepare for Bed	Prepare for Bed	Prepare for Bed	Prepare for Bed	Personal Time / Homework	Personal Time / Homework
9:30pm	Lights Out	Lights Out	Lights Out	Lights Out	Prepare for Bed 10:15	Prepare for Bed 10:15	Lights Out
10:30pm					Lights Out	Lights Out	

12-Step group times for clients assigned will be specific to facility allocation and vary in time