

New Dawn's Eating Disorders Recovery Newsletter

Issue 2

March, 2009

A Letter from our Clinical Director

The ideas presented in this Newsletter explore many facets of the recovery process: the importance of multidisciplinary treatment is explored by Dr. Nicole Celentano; Jamie Lieber, L.A.c helps elucidate the role of acupuncture in recovery; Dr. Anne Hahn-Smith empowers us to challenge our culture's dangerous obsession with thinness and gives us strategies on how to do so; the intimate environment of the therapy office and how its physical composition impacts personal growth is explored by my husband, Ben Elfant-Rea, and myself.

Despite the many wonderful topics we have in this newsletter, there is something on the minds of everyone around the world that must be mentioned. The state of the world economy is a topic on the tips of our tongues, discussion and debate ensuing at the drop of a pin. I do not know anyone untouched by the tremendous financial collapse that has occurred in our nation. This is a time in which so many of us are afraid. Whether it is anxiety that we won't be able to pay our bills, achieve our professional goals that require financial investment, or see through personal dreams that necessitate a greater de-

gree of monetary grounding than what we have now, we are all living in a very difficult and constraining time.



As providers of health-care services for patients with eating disorders, we are all too aware that the diseases of Anorexia, Bulimia, and Eating Disorder NOS thrive under stress, flourish when fear predominates, and cause major medical and psychological damage when left untreated. So many of those suffering from eating disorders already are plagued by cognitive distortions that tell them they are unworthy and undeserving. When financial resources decrease, we witness our patients backing away from the treatment that they truly need and deserve. Some of us experience helplessness as

we witness this process of disengagement, and note our own "parallel process" of disengaging from self-care activities in the vein of "saving money".

Our treatment team at New Dawn wishes to do all we can to remove financial barriers interfering with getting help. We maintain in-network status with the vast majority of insurance companies which minimizes the cost of co-pays. Furthermore, our business department offers financing and other payment arrangements to assist with any out-of-pocket expenses incurred. Lastly, we are now offering free evaluations for any prospective clients.

We know these times are trying, so please let us know what we can do to help!

Warmly,
Dr. Erin Elfant-Rea

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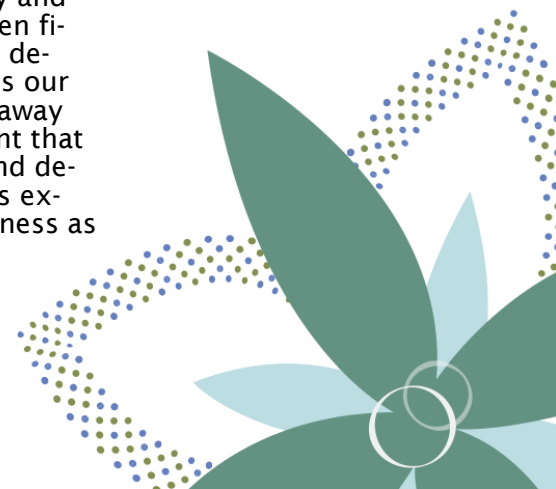
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Body Image, the Mass Media & What You Can Do to Develop a Healthier Self-Image—Anne Hahn-Smith, Ph.D.

What is the effect of the media on women's body image?

Individuals in the United States are bombarded with media messages everyday through our extensive range of media channels. We are exposed to hundreds of images and persuasive messages on a daily basis while watching television, movies, and music videos, flipping through magazines, passing billboards and signs on buses, listening to the radio, and surfing the internet. Through television alone, it is estimated that youth under the age of 18 view over 40,000 television commercials annually.¹

Many products targeting young women and girls promise to change, improve, or “fix” one’s appearance in some way. This can take the form of weight loss products, exercise devices, perfumes, beauty creams and treatments, etc. Recent studies have found that adolescent boys and girls who read health/fitness, sports, or fashion magazines are significantly more likely to struggle with body image and eating

disturbances². Comparison plays a role in creating a sense of dissatisfaction with one’s appearance after viewing magazines that emphasize thinness or fitness. Research suggests that the negative effects of viewing thin images are even more pronounced among those individuals who already experience body dissatisfaction and pressure to be thin.³

Distorted Perceptions of Reality

Women’s perceptions of their own appearance can be distorted by the unrealistic images they see. The models used in print and television ads are often emaciated, which can affect the viewer’s perception of what is normal. Further, advertisements consistently use air-brushing and computer manipulation of the digital images to perfect the models’ appearances. Photos of models are often altered to have necks elongated, eyes widened, pores or lines removed, skin tone evened, legs, arms, or stomachs slimmed or toned. Thus, women and girls are comparing them-

selves to images that are not real, and bodies and looks that are not attainable. These distortions have the impact among women of creating dissatisfaction and insecurity about their appearance. Indeed, this body dissatisfaction has become so common that it has been termed “normative discontent”⁴.

Impact of Television on Self Image

Researchers at Harvard University were able to examine the effect of television exposure on adolescent girls’ body image and eating patterns when television was introduced for the first time on the island of Fiji in 1995⁵. Individuals were suddenly exposed to Western media images through television shows such as Beverly Hills, 90210, and Melrose Place. These shows contained images of women generally from only the thin range of body sizes, and conveyed a strong visual message regarding the West’s cultural ideal of thinness.

Fijians have traditionally pos-

Continued on following page.

Body Image Web Links

About-Face – tools to equip girls and women to resist harmful media messages that affect self-esteem.
www.about-face.com

Adios Barbie - A Body Image Site for Everybody
www.adiosbarbie.com

Our Bodies Ourselves – A Health Resource Center
www.ourbodiesourselves.org Full of Ourselves

Media Literacy Clearinghouse – Critical thinking about media messages.
www.frankwbaker.com

Mind on The Media – Inspiring independent thinking and fostering critical analysis of media messages.
www.motm.org

Body Image, the Mass Media ...—Anne Hahn-Smith, Ph.D. (Continued)

sessed a preference for a robust and rounded body ideal, as well as cultural traditions that discouraged weight loss. Prior to the introduction of television, Fiji had had only one reported case of anorexia. Becker and her team found, within a period of just three years, a significant increase in the number of Fijian adolescent girls who reported weight preoccupation, purging behavior in an attempt to control weight, and negative body image.

Taking a Stand to Promote More Positive Body Image

There are some reasons to be hopeful as we see people taking a stand against unrealistic images of women. In 2006, Spain's regional government and organizers of Madrid's fashion week instituted a new policy that banned the use of fashion models whose weight fell in the "underweight" category of the Body Mass Index (BMI). This move was made in an effort to promote a healthier image of beauty and avoid glorifying a gaunt, emaciated look. Italy has followed suit and instituted similar guidelines for fashion shows in Milan. Although these steps reflect progress, it is important to note that even women with BMI scores in the low end of the normal range (above 18.5) may still be malnourished and underweight for their body type, and may suffer medical consequences as a result, such as amenorrhea (loss of menstrual periods).

Here in the United States, we are seeing steps toward activism on college campuses and through women's groups to promote more positive body image among girls and women and to raise awareness about eating disorders. Even

some within the "beauty" industry are taking positive steps to expand the definition of beauty to include women of different shapes, sizes, and ages. Dove's Campaign for Real Beauty, for example, uses a wide range of models that positively portray women of different ages, ethnicities, and body sizes. This has certainly been a step in the right direction, and has altered the approach Dove has taken to selling cosmetics. It is worth noting, however, that this campaign got its start with the marketing of cellulite "firming cream." Thus, while it was promoting more realistic images of women, the original campaign, ironically, still capitalized on women's insecurities about their bodies.

What can be done to promote healthier body image and increase self-acceptance and self-esteem?

Increase your "media literacy." Learn to critically analyze the media images and messages that you view and hear through all forms of media – commercials, advertisements, music videos, billboards, movies, etc. Begin to dissect advertising images and begin to ask questions about their intended audience, and about the specific goals of these messages. You will be better able to question, analyze and evaluate what you view every day, and become less vulnerable to the media's persuasive messages.

Limit the amount of time that you spend viewing negative media images. Media images often objectify women and men's bodies. "Just say no" to the tabloid coverage of who has the best and worst beach bodies. Avoid picking up or buying the magazine focusing on losing weight or changing your body. These

Dr. Anne Hahn-Smith received her doctorate degree in Clinical Psychology from the University of New Mexico. She completed her residency at the University of Texas Health Science Center in San Antonio. She has worked in a variety of outpatient and inpatient settings, conducting individual, family and group therapy with children, adolescents, and adults. Her research has focused on disordered eating, body image and self-esteem, and she has published papers in journals such as the International Journal of Eating Disorders. In the past five years she has worked as Project Coordinator on research grants related to childhood nutrition, developing and implementing nutrition policies to promote student health and wellness in California schools. Dr. Hahn-Smith is a member of the American Psychological Association, and the Academy for Eating Disorders.

Body Image, the Mass Media ...—Anne Hahn-Smith, Ph.D. (Continued)

may hold out the promise of “improving yourself” or “becoming a better you”, but what they are really selling is discontent, and they will undoubtedly make you feel worse. When you compare yourself to someone else (favorably or unfavorably), you end up feeling judged.

Stop weighing yourself. Weighing yourself can become an obsession, and again is something that keeps you focused on weight and shape as a measure of self-worth. Freedom from the scale can offer more mental energy for other endeavors and help reduce the time spent fretting over today or tomorrow's number might be.

Prioritize Self Care. Treat your body well and start listening to it. Give your body all the things it needs - enough food, enough rest and sleep, enough exercise, enough mental stimulation,

enough physical affection and comfort. Even if you don't yet “love” your body, treat it as if you did. You may find that one of the positive benefits of taking good care of your body everyday is that you will feel more valued.

“When you can start appreciating your body for all the things it does for you every day, you can become more grateful for all its miraculous functions”

This can in turn lead to higher self-esteem and self-respect. **Focus on healthy relationships.** Spending time with other people and developing supportive relationships can help you feel more connected with those around

you. Doing so can also help remind you of all the reasons that people like you – it's for all your unique personal qualities, not your jean size or the number on the scale.

Respect your body and those of others. Humans are meant to come in a variety of shapes and sizes. No one size fits all. Instead of focusing on what you perceive as the negative aspects of your body, think for a moment about all the wonderful things your body can do – walk, dance, hug, sing, think, create, love. When you can start appreciating your body for all the things it does for you every day, you can become more grateful for all its miraculous functions, and less focused on only your body's ornamental value.

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Traditional Chinese Medicine (TCM) & the Treatment of Disordered Eating Patterns—*Jamie Lieber L.Ac.*

The awareness and treatment of disordered eating patterns have improved dramatically in recent years. The behaviors associated with this diagnosis are often seen as a desperate attempt to deal with the internal and external pressures caused in part by unrealistic expectations and the stresses of living in a highly developed society. Chronic disordered eating patterns, left undiagnosed and untreated, can easily lead to more severe medical and emotional issues and they tend to be a real challenge for our managed care system to address adequately because of their complex nature. Disordered eating patterns include many compulsive behaviors such as yo-yo dieting, binge eating, anorexia (withholding of food), and bulimia (purging) as well as obsessive thoughts about food. These behaviors and thoughts may cause a minimal disruption in their lives or can lead to severe and life threatening mental and physical health concerns.

Traditional Chinese Medicine (TCM), is a very comprehensive medical practice that embraces a holistic approach to medicine and stresses the importance of viewing the body as a interconnected and interdependent system. Treatment always represents an attempt to treat the root causes of disease through a focus on restoration of balance and harmony through direct intervention such as acupuncture, massage, herbal and nutritional therapy. Acupuncture is performed through manipulation of a system of energy lines in the body called meridians. Twelve main meridians provide connection to the major organs and it is important for the highly trained medical professional to understand which ones are effected in order to provide appropriate treatment for any disorder.

TCM also has the tools to treat many common

physiological symptoms that are seen as resulting from disordered eating patterns. Digestive disruptions and discomforts such as abdominal bloating, nausea, constipation, diarrhea, irritable bowel syndrome (IBS), and acid reflux are symptoms commonly associated with eating disorders. Acupuncture and herbal therapies are often helpful addressing these digestive complaints once the primary destructive behaviors have been resolved. Headaches, gynecological disorders, sleep disturbances, and emotional imbalances also accompany eating pattern disturbances and can be addressed through appropriate TCM treatments as well. One cannot underestimate

“True emotional healing through trust must take place in order to develop the confidence and positive energy necessary to become more proactive and empowered in their journey toward recovery.”

the importance of the healing direct “touch” of TCM treatments. The importance of touch not only conveys connection and warmth but validates the patients need to learn how to love and nurture themselves again. Trust and feeling of safety between the practitioner and individual being treated is crucial also in providing adequate care. True emotional healing through trust must take place in order to develop the confidence and positive energy necessary to become more proactive and empowered in their journey toward recovery.

In more severe and life threatening cases conventional western medicine clearly has a crucial and primary role in addressing organic and systemic failures and overloads. However once the patient has moved into the “recovery” and maintenance phases, TCM is invaluable in providing the kind of holistic treatments necessary for a successful long term recovery. A true complementary approach where allopathic physicians (western medicine), TCM practitioners and other health care professionals (nutritionists, therapists etc.) team up together for the ultimate resolution of the emotional and physical issues is an ideal paradigm that can provide more success for long term health and well-being.

Jamie Lieber L.Ac. is a California board-certified acupuncturist and practitioner in Chinese herbal medicine. She received her BA in Kinesiology from the University of Colorado in 1998 and a MS in Chinese Medicine from the American College of Traditional Chinese Medicine (TCM) in 2006. She is also an experienced yoga instructor and massage therapist. Jamie has specialized her clinical practice in women’s health, pain management, and treating eating disorders. Her holistic approach combines meditation, acupuncture, herbal medicine, massage and helping patients develop lifestyle skills that promote optimal health and wellbeing. Jamie also sees patients at her private practice in San Francisco. For more information please visit her website at www.jamielieber.com.

A Conversation on The Importance of Color, Light, and Life in the Therapy Environment—Ben Elfant-Rea, LCSW and Erin Elfant-Rea, Ph.D.

(Erin) When we opened New Dawn Eating Disorders Recovery Center, an Outpatient treatment center in Sausalito, CA, in 2005, the therapy environment was completely ours to create. From the color of the carpet to the shade of wall paint, we had a blank canvas to work with. We could have chosen a stark treatment environment, like many clinics do....

(Ben) The classically trained psychoanalyst is likely to have a very stark office – perhaps a couch, desk, chair, and lamp. The walls might even be white, with little color anywhere else. There would certainly be no artwork, or anything else to give the client an impression of the inner life of the therapist. The reason for this lies in the concept that anything other than the necessary elements of an office could disrupt the clarity of transference from client to psychoanalyst. In other words, the less information a client has about his or her psychoanalyst, the more the impressions a client has about the analyst can be directly attributed to their unconscious associations.

Back when I was a clinical social work intern, I would have long conversations about the pros and cons of this ideal with my supervisor, who herself had her core training in classical analysis. Interestingly, my supervisor had abandoned this ideal after decades of practice. The reason for this change came from her observation that a stark office doesn't eliminate associations on the part of the client. It simply makes the associations different, and not necessarily in a useful way. Her experience was that clients would actually end up feeling less safe, trusting, and interested in coming to therapy. To assume that these feelings came from some deep unconscious material did not necessarily play out in the course of treatment. Further, it resulted in the clients taking longer to get into deep work.

Intuitively, of course, this makes perfect sense.

When we feel safe, we are more likely to be able to heal physically and emotionally. And where are we likely to feel more safe: an environment that is warm, soft, light, and colorful, or one in which we feel uncomfortable and the setting seems strange and unfamiliar?

And yet, color, decoration, art, etc. without concern for the therapy environment, doesn't tend to work that well either. A friend of mine tells the story of walking into his therapist office. Each wall was a different color and every piece of art had angels as its theme. Pictures of the therapist's children adorned the wall. As a person who did not have angels as a part of his beliefs, and as a man without children, he immediately felt the therapist would be a poor fit.

“...a stark office doesn't eliminate associations on the part of the client. It simply makes the associations different, and not necessarily in a useful way.”

(Erin) I too have witnessed how a warm, inviting, yet neutral setting aids in fostering trust in the therapy relationship. Back when I worked for the V.A. hospital in Augusta, GA, I worked out of two offices, one on the north side of town and the other on the south. Both offices were small and windowless, with old steel furnishings and barren walls. However, in one of them, I took the time

to decorate with plants and artwork, and the other I left alone. It was remarkable how much more effective the therapy was in the more decorated office. It's as if both my self and my clients felt greater ease, warmth, and trust when in a more intimate setting.

(Ben) As a psychotherapist and professional artist who has been actively involved in decorating two large psychotherapy treatment centers, I have some observations on what makes for a welcoming and warm environment.

Light - A therapy center or office needs natural light in the form of windows or skylights. Light, neutral

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A Conversation on The Importance of Color, Light, and Life in the Therapy Environment—Ben Elfant-Rea, LCSW and Erin Elfant-Rea, Ph.D. (continued)

painted walls are also important to make sure that the available light doesn't get absorbed. Lamps should be plentiful, especially if the natural light is limited. Medium watt bulbs pointed towards the ceiling are ideal. Avoid fluorescent bulbs whenever possible, as blue light will leave any space feeling more cold and institutional. Finally, if natural light is not available, mirrors in locations that clients can't see themselves entering, leaving, or during session can give the appearance of windows and distribute light from lamps.

Color – Color can take the form of artwork, pillows, blankets, furniture, floor covering, etc. First, avoid, competing and clashing colors, and patterns. Also avoid primary colors and pastels, as they tend to feel institutional. Clean, crisp, browns, wines, sage greens, sky blues, and creams tend to work well. Artwork should be fairly neutral. If possible, original work is best. Posters tend to be covered in glass that needs constant cleaning, have cheap looking frames, and fade easily, all of which results in an undesirable look. I have had good results with fairly abstract landscapes that are not too detailed and tight. Color on the floor in the form of an area rug almost always

makes a room feel warmer. Again, neutral and not too dark is preferable. I also tend to avoid photographs. Clients can easily think that the therapist took the photos or has been to the location where the photo was taken. Remember that the therapy environment is for the client to open up, not to reveal the life of therapist. Finally, I prefer medium to light wood furniture. Large dark furniture can feel ominous and uninviting.

“At least once a week, I receive feedback from our clients about how much they love the artwork, how it inspires and calms them.”

Life – Life can include anything in the environment that is organic. Fountains (that aren't too loud or distracting), fire places, and especially plants are important. I include music or sounds of nature in this category as well. Soft music in the waiting room helps muffle the sounds of other sessions going on, and usually lets clients quiet internally as they wait to be seen.

(Erin) All of these elements have been utilized in creating the therapeutic environment at New Dawn Eating Disorders Recovery Center. We use lamps rather than our overhead lighting, and rely heavily on our windows and sunny views of the San Francisco Bay to illuminate our offices. We chose a calming blue for our carpet and cream-colored paint for our walls. Both of our large group therapy rooms and all 5 of our private individual therapy offices are adorned with Ben's original artwork. Most are oil landscapes with calming blues, greens, and sepia colors. At least once a week, I receive feedback from our clients about how much they love the artwork, how it inspires and calms them. Our clinic also uses plants, soft music, and noise makers to further deepen these feelings of relaxation and safety.

In sum, with Ben's assistance we have worked thoughtfully to make New Dawn Eating Disorders Recovery Center a warm, beautiful, and inviting setting – something that our clients often remark on when first entering our center. It is our belief that the added attention to the environment is about more than just aesthetic. We hope it assists in the healing New Dawn is dedicated to provide.

Ben Elfant-Rea is a professional artist and Licensed Clinical Social Worker in private psychotherapy practice in San Francisco. Ben received his Bachelor's Degree in Psychology and Studio Art from the University of Virginia and his Master's Degree in Social Work from the University of Georgia. Prior to launching his private practice, Ben has held psychotherapy positions at the Medical College of Georgia and the Marina Counseling Center in San Francisco. Ben provides individual, couples, family, and group psychotherapy. He specializes in the treatment of anxiety and social phobia, depression, marital/ relational discord, intimacy fears, and identity concerns. For more information about his psychotherapy practice, see www.searchforself.com.

Dr. Elfant-Rea is the Clinical Director of New Dawn's Partial Hospitalization Program and Intensive Outpatient Program

Effective Treatment for Eating Disorders—Nicole Celentano, Psy.D., CEDS

Eating disorder specialists are often asked, “What is the best treatment for eating disorders?” While a wide variety of treatment approaches have been used successfully, a comprehensive treatment approach that integrates several components has proven to be most effective.

Emphasis in self-responsibility:

Eating disorders frequently involve issues of power and control. The least restrictive interventions are utilized, allowing patients to assume primary responsibility for their treatment and recovery. Power struggles are minimized as patients increase a sense of self-efficacy.

Collaboration of a multi-disciplinary team:

A knowledgeable team of physicians, nurses, nutritionists/dietitians, psychiatrists, psychologists, social workers, and creative arts therapists (art, movement, music) collaborate to address issues relevant to their disciplines

while remaining mindful of overall goals. In addition, team members must maintain awareness of the physiological and cognitive compromise that is generally involved with eating disordered patients.

Multi-modal treatment approach:

Individual therapy addresses cognitive distortions and maladaptive behavioral responses. Group therapy provided social support as well as a forum for discussion, feedback, and validation. Family and/or couples treatment focuses on relationships which may have contributed to the eating disorder and those that support recovery.

Integration of treatment interventions:

Interventions combined across theoretical orientations are usually most effective. This approach may involve cognitive-behavioral interventions to modify how an individual's thinking impacts behavior, psychodynamic interventions to increase insight into

symptom development and maintenance, dialectical behavior therapy to address self-harm and dissociation, and expressive therapies which provide creative outlets for expression of emotion. Patients are also challenged to increase body awareness and address body image distortions.

Psychoeducation and skills training:

Eating disorder patients are often knowledgeable about diets and nutrition, but frequently lack basic information about their illness and its impact on physiology and metabolism. Most of these individuals have skill deficits that contribute to continued eating disordered behavior. Many also need to learn to differentiate between physiological and emotional hunger. Skills training addresses internal awareness and promotes development of mindfulness, interpersonal effectiveness, affect regulation, and distress tolerance.

Recognition of the development

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Nicole Celentano, Psy.D., CEDS

Dr. Celentano is a licensed clinical psychologist in private practice in New York. A Certified Eating Disorders Specialist since 1994, Dr. Celentano served as Clinical Director of two inpatient eating disorders programs before establishing the **New Orleans Center for Eating Disorders** in 2002.

She earned her Doctorate of Psychology at the Georgia School of Professional Psychology in Atlanta, and specializes in the treatment of eating disorders, trauma-based disorders, and borderline personality disorder. She also holds a Masters of Science in Human Nutrition and is a Certified Nutritional Consultant.

Dr. Celentano received advanced training in psychoanalytic psychotherapy at the New Orleans Psychoanalytic Institute, and has also had intensive training and experience in the use

of Dialectical Behavior Therapy (DBT) for the treatment of borderline personality disorder. She founded the **DBT Psychotherapy Network** in New Orleans in 2004.

Dr. Celentano has conducted research on such topics as body image and eating disorders in nutritionists; and the relationship between eating disorders, trauma, and dissociation. She has taught at the New Orleans Psychoanalytic Institute and is an associate professor at Tulane University Medical School and LSU Medical School .

Dr. Celentano has been featured in Health and Fitness Magazine and Gambit Weekly, and was profiled in Gambit's "40 Under 40." She has been featured as a guest speaker on television and radio, and lectures regionally and nationally. Dr. Celentano utilizes an integrative approach to treatment

“Many need to learn to differentiate between physiological and emotional hunger.”

Effective Treatment for Eating Disorders—Nicole Celentano, Psy.D., CEDS

and function of symptoms:

Research indicates that many individuals with eating disorders are survivors of childhood sexual trauma. With these patients it is essential to be mindful of the function the symptoms serve. Symptoms are often protective or defensive and must be addressed for the patient to develop adap-

tive coping strategies.

Establishment of a strong therapeutic alliance:

A strong therapeutic alliance is essential in providing patients with a safe environment to work through difficult issues and emotions that underlie eating disorder behavior. This alliance provides an atmosphere in which

confrontation can be tolerated and balanced, encouraging a corrective emotional experience.

Comprehensive treatment that integrates these components is most likely to result in lasting change as patients gain insight into their behavior and learn concrete skills to prevent relapse.

Job Openings at New Dawn’s Outpatient Facility

Postdoctoral Fellow

New Dawn Eating Disorders Recovery Center seeks applicants who have completed a doctoral degree in psychology, and an APA accredited predoctoral internship. Experience leading groups and working with patients with

eating disorders required. The 12-month position is 20-30 hours/week, will require working 2 evenings per week (until 8p), with a wage of \$25/hour. Start-date flexible within Jul-Sept 09’ period. Candidates should submit a detailed letter of interest, a curriculum vita, and

three letters of recommendation. Applications will be reviewed until position is filled, and are accepted only through postal mail: Erin Elfant-Rea, Ph.D., Clinical Director, New Dawn Eating Disorders Recovery Center, 2320 Marinship Way Suite 240, Sausalito, CA 94965.

Job Openings at New Dawn’s Residential Facility

New Dawn is reopening a professional residential treatment facility for adults with eating disorders and we are looking for individuals to fill certain positions. Candidates should submit a letter of interest, resume, and letters of recommendation to:

Ross@NewDawnRecovery.com

Residential Staff Physician

- Providing supervision and training to the RN/Nurse Practitioner
- Conducting H&P Evaluations and Follow-Ups for both existing & new patients as required
- Presenting trainings to New Dawn staff to contribute to their development as professionals in the treatment of eating disorders
- Participating in Peer-to-Peer Reviews & Ap-

peals with Insurance companies when necessary to extend authorization for treatment

- Promoting New Dawn’s eating disorders programs other treatment providers where appropriate
- Consulting with the Clinical Director and the staff Psychiatrist in the areas of program and policy development, patient care guidelines, and in any other areas deemed appropriate

Must be currently licensed in the state of California to practice medicine, and preferably have a minimum of 2 years experience treating patients with eating disorders.

Residential Nurse

Ability to supervise a team of residential psychotherapists, develop working relationship with Medical Director, Psychiatrist, and Clinical Director. Hold a current RN or NP license in California. Demonstrates excellent verbal and written communication skills, demonstrates knowledge of role as member of multidisciplinary team and understands the roles of other members of the team; is self-directed. CPR and First Aid trained. Relates well to patients recovering from eating disorders during all stages of treatment. Experience in screening, orientation, assessments, eating disorders education, individual treatment plans, case management, crisis intervention, referrals, reports and record keeping, and coordinating care with insurance companies.



www.NewDawnRecovery.com

Be Free.

New Dawn is an established behavioral health company with a formula for success that has been perfected for over 20 years. Our organization was initially started as a transitional facility for women - a refuge for women in need of a second chance and a new start. Over time, our mission changed as demands for treatment grew, and as a result new programs for men, women, and adolescents were added, facilities were expanded, and outpatient programs were established. Our organization strives for continuing success in improving the lives of those who choose New Dawn as their temporary sanctuary.

A Note from our COO—Ross Morton

New Dawn Eating Disorders Recovery Centers has been operating as a full service outpatient clinic at its location in Sausalito, CA since its inception in January of 2005. Recently we have been receiving input from the Bay Area community that illustrates some confusion over the temporary closing of our Residential Eating Disorders Program located in San Francisco, CA.

Therefore, on behalf of all of our dedicated staff, I am taking this opportunity to let you know that our outpatient clinic has remained open despite the temporary residential closing, and will continue to offer Intensive Outpatient and Partial Hospitalization services. Moreover, we anticipate that the residential program will be reopening in the next 30 - 60 days, and we will be updating our website periodically to keep the community apprised of

its status.

If you would like more information about our programs, please don't hesitate to contact our Clinical Director, Dr. Erin Elfant-Rea at 415.331.1383 ext. 303 or at Erin@NewDawnRecovery.com.

We thank you for your continued support, and look forward to offering a wider spectrum of services to the Bay Area community.

Sincerely,

Ross Morton,
CEO
New Dawn Eating Disorders Recovery Centers

ASSESSMENT OF ACUITY & COORDINATION OF CARE

IN THE TREATMENT OF EATING DISORDERS

CEU & networking event on April 25th, 2009 in
Berkeley, CA

For more information, please email or call
Deborah Brenner-Liss at:
AptedSF@aol.com, 415-771-3068

INTERNATIONAL CONFERENCE ON EATING DISORDERS: CULTIVATING GLOBAL PERSPECTIVES

Meet, learn and mix with colleagues and
friends in Cancun, April 30 - May 2

Keynote speaker: Dr. Nora D. Volkow,
Director National Institute on Drug
Abuse

One of Time Magazine's "Top 100 People
Who Shape our World"

For more information, visit
www.aedweb.org/conference