

A Message from the PFN Chair, Deborah Kreiger

Hello Everyone!

February is a power-packed month for NEDA and each of us has the opportunity to be a catalyst for change by actively participating in events and walks designed to increase awareness and educate others in the fight against eating disorders. National Eating Disorder Awareness Week is February 26th - March 3rd and in communities and schools across the country activities are being planned; as parents, families and friends who care deeply and are invested in creating change, the time is now. Let's all get involved.

The PFN is thrilled to launch our free webinar series beginning on March 1st with "For Dads by Dads." NEDA



PFN Chair, Deborah Kreiger, FL

Navigators Mike Polan and Paul Cordero will share very real insight from their experiences of supporting a child going through an eating disorder. Their perspective promises to be inval-

uable and will offer encouragement and support for other fathers. These webinars are designed for you, so please send us your feedback and suggestions to pffnetwork@myineda.org. Upcoming webinars will be posted on the PFN homepage.

And finally, I encourage you to check out the numerous NEDA walks that will be taking place this month and next (visit www.nedawalks.org to view the schedule of walks). It is a powerful feeling to come together with so many others who in some capacity, either themselves or with a loved one, have experienced a very personal journey with an eating disorder. It is both comforting and empowering, partly because the walk is a visual reminder of our shared sense of oneness and the strength we find in each other as we continue to move forward together.

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Learning to Dance With My Life: My Recovery From

Anorexia *By Corazon Tierra, NY*

My healing journey began in a dance of stillness. The noises that prevailed in my mind stayed behind. My attention to calories, pounds and diets shifted to the unknown, to the world hidden in my body.

As I lay on the floor, breathing in and out, I started to feel my body in a way I didn't remember feeling it. I wasn't punishing my body for not being "perfect." I wasn't trying to control my reality with my mental formulas. I was in the moment, present, discovering my soul.

Twenty years ago, I joined Ma-

"Dance is the hidden language of the soul."

— Martha Graham

ria Mar's healing laboratory because I wanted to become more authentic as a performer. Maria Mar was, and is, an artist and personal growth expert who uses the arts as vehicles for personal transformation. I had come to know

Maria in her dance-theater workshops, which I took while I was in college. I trusted her and I knew that she could help me.

I wanted to express my deepest truth. I wanted to dance and sing all the beauty and harmony that I felt deep in my heart, but I couldn't. I felt too ugly, uncomfortable, too ashamed and afraid to be seen by others. I was trapped in a persona that wasn't me. I knew that what people saw outside was not the real me.

Little did I know that this healing laboratory would be-

(Continues on next page)

Learning to Dance with My Life... continued

come the beginning of my recovery from anorexia. I began to get in touch with my emotions through body-mind practices, movement and dance. These processes helped me to recognize that I had an eating disorder.

When I was anorexic my attention was in who I “should” or “must” be. In my healing journey, I shifted this attention to who “I am...”

I realized that my attempt to control my life by controlling my weight and physical appearance was just an illusion of power, a trap that was letting me, without a body and a life, to manifest my deepest desires. It was at that moment that I made a commitment to myself. My passion for freeing the expression of my authentic self became stronger than my obsession.

I went to an eating disorders therapist and continued attending the healing laboratory with Maria Mar until I was completely recovered; until I felt happy and comfortable in my body, ready to express my authentic self in the world.

Body-mind practices, creative movement, creative writing and dance were the most important tools in my healing journey. Here are some examples of how these creative tools helped me to heal my relationship with my body and my relationship with myself.

Body-Mind Practices

When I was anorexic I lived in my mind

most of the time disconnected from my body and emotions. My mind was constantly in a rush, thinking and formulating ways to control my life. My body was always in tension. The body-mind practices I learned in the healing laboratory helped me to release tension and to calm my mind. I learned to bring myself back to the present moment through deep breathing, meditation and self-acceptance. In this dance of stillness, I learned to listen to my body and to my emotions without judgment, reclaiming the right to be. I started to recognize when I was hungry and to honor it.

Creative Movement

Anorexia for me was a war between my mind, my emotions and my body. This war began when I started to swallow my feelings: my anger, my fears, my pain. I healed this war at a very deep level with creative movement. The emotions trapped in my body came to the surface in the language of movement. For years, I danced my anger, allowing the energy to transform itself into vitality. I danced my sadness, freeing my body and soul from its depressive weight. These organic movements serve as a deep cleansing of my soul. They helped me to break free from the anorexic mold.

Creative Writing

When I was anorexic my attention was in who I “should” or “must” be. In my healing journey, I shifted this attention to who “I am,” expressing my authentic voice in my creative writing. Metaphor by metaphor, I crossed many mysteries of my illness, until I discovered that for

me anorexia was a deep spiritual illness. It was a hunger of the soul.

Dance

Before my healing journey, I treated my body as a machine, trying to control it with fasting, diets and numbers. In the process of dancing my emotions-- liberating myself from anger and anguish--I came to discover my body as an expression of my soul. Dancing my soul and dancing dance styles that I felt passionate about, such as Flamenco and Afro-Puerto Rican dance, I received the blessing of inner harmony. Dance helped me to rescue beauty as an experience of profound unity with the world. In dance, I experienced that the body is much more than physical appearance, much more than a size or a number of pounds. The body is the vehicle that allows us to express who we are.

I have lived happily in my body free of eating disorders and body image obsessions for more than 15 years. My recovery from anorexia was a profound dance lesson, that taught me to dance in harmony with my most beloved partner: Life.



Corazon Tierra

Corazon Tierra is a body esteem healer, writer, dancer, poet, blogger and creator of Beloved BodySoul, a healthy body system that uses dance and body-mind techniques. For the last six years, Corazon has been a NEDAwareness Week coordinator educating the Latino community about eating disorders prevention. She is the creator of the No Te Hagas Pequeña Campaign, the first healthy body esteem campaign for Spanish-speaking Latinas in the U.S. Read more about her work at <http://www.belovedbodysoul.com> or in Spanish at <http://www.cuerpodentro.com>.



Book Review: Melanie Beattie's, *The Language of Letting Go* By Susan Maccia, NJ

Whether you suffer from an eating disorder or are a parent, friend or family member of someone who suffers, the eating disorder journey is difficult and fraught with so many conflicting emotions. There's the fear you or your child might never recover, the frustration in finding the right treatment, anger with insurance companies and the general sadness which comes when your life is toppled by ED. When you are first entering the trenches it may seem like you will never be happy again. Sometimes just getting through the day without a breakdown is an achievement worthy of celebration.

When my daughter was in residential treatment, one of the parent advocates sent me a poem titled, "Letting Go" which I've included at the end of the article. I knew it was time for me to let go of my daughter's eating disorder but I was wholly unprepared for how to start that process. I'm a parent – isn't it my responsibility to care for my daughter, to make sure she's happy, healthy, well adjusted? Wouldn't I give my right arm to make sure she has all of the opportunities for wellness I can give her? Of course – but I've realized there's a big difference between "supporting" my daughter's recovery and "living" my daughter's recovery. It's taken me several years, some great therapy and Melanie Beattie's book, "The Language of Letting Go" to get to a place where I can take care of myself, let my daughter find her own way of taking care of herself and still support her recovery.

Melanie Beattie is a well-known author of self-help books for people recovering from an addiction whether it is alcoholism, drug addiction, etc. When I came across this book in the store I thought it sounded interesting but I certainly didn't suffer from alcoholism or drug addiction and wasn't sure Beattie's "Letting Go" was the same type of letting go I needed. When I randomly opened the book, I read the passage quoted above and thought maybe Beattie is on to something. I paid my money, left the store and rarely miss starting a day without reading a passage!

The Language of Letting Go is a book of daily meditations sprinkled with spiritual and religious references which are by no means overpowering. The messages, however, are honest, powerful and very meaningful not only for those affected by an addiction but anyone who needs some guidance on dealing with the roadblocks life offers. Passages include: Trusting Ourselves, Sadness, Conflict and Detachment, Saying No, Asking for What We Need and Boundaries. There are 365 passages, one for each day of the year, so never does a day go by when I learn something new and find some renewed confidence that I can and will learn to let go.

During a visit with my daughter while she was in residential treatment, I had the opportunity to share lunch with her and the other women in residence. Before the meal started, a young woman pulled out a book and began reading a passage.

Imagine my surprise when the book was, "The Language of Letting Go." A conversation ensued about how valuable the book had become at the residence as a way to support letting go of their eating disorder. When I started talking about how much I value the book, the women (and especially my daughter) questioned why, since I didn't suffer from an eating disorder or addiction. We talked about how difficult life can be sometimes and even the most seemingly "well adjusted" person needs support to get through those times. I'd like to think that perhaps it was a learning moment for them. It certainly was for me.

If you are looking for some renewed strength, some wisdom on how to take care of yourself, some steps to move you towards a sense of peace, *The Language of Letting Go* might speak to you, too.

Letting Go...

To let go doesn't mean to stop caring. It means I can't do it for someone else.
To let go is not to cut myself off. It's the realization that I can't control another.
To let go is not to enable, but to allow learning from natural consequences.
To let go is to admit powerlessness, which means the outcome is not in my hands.
To let go is not to care for, but to care about.
To let go is not to fix, but to be supportive.
To let go is not to judge, but to allow another to be a human being.
To let go is not to be in the middle of arranging all the outcomes, but to allow others to affect their own outcomes.
To let go is not to deny, but to accept.
To let go is not to nag, scold or argue, but to search out my own shortcomings and to correct them.
To let go is not to criticize and regulate anyone, but to try to become what I dream I can be.
To let go is not to regret the past, but to grow and live for the future.
To let go is to fear less and love more.

-Anonymous

Book Reviews

Have you read a book recently that offered you insights, tools, or helpful information? Write a review for the newsletter! All you



have to do is submit a 1 page article that includes:

- Your name and contact information
- Title of book, author, publisher and copyright date
- A brief summary of the content of the book
- What you gained from the book: Hope, tools for recovery, strategies for self-care, encouragement, educational information, etc.

*Book reviews are provided by individual PFN members to share with others what they have gained from reading a book that served as a resource to the reviewer. NEDA does not endorse any specific books or authors. NEDA reserves the right to edit book review submissions prior to publication. If your review is edited, you will be asked to approve the final version before use.

Effectively Addressing Binge Eating Disorder and the Dangers of Weight Cycling

By Wendy Oliver-Pyatt, MD, FAED, CEDS

Let's define the conflict we are faced with. Our culture places significant importance on our appearance, and we experience pressure to be unnaturally thin. Low body fat is equated with "fit" which is somehow then tied in with "better" or maybe "more worthy" or more "in control". Society tells us that dieting (defined as restricting our calorie intake, and ignoring inner cues) is the way to be thinner, fitter and healthier. In fact, in our culture, hunger is viewed negatively; we pay money for drugs to suppress our appetite! We are bombarded with food and we don't know what to do with it. The grocery store line says it all. On the right, there are the Cokes, Sprite, M& Ms, and other candies, and on the left are the air-brushed models with fake bodies and smiles that stare at us, leaving those who are vulnerable with a feeling of inadequacy and shame. The thinking is, "Somehow I will be better, do more, and be more lovable if I am thin". So we diet and restrict. And our intentions are good, because we believe we will be happier and more worthy. But as my mom once told me, "Wendy, the road to hell is paved with good intentions".

The "war" on obesity is one of those situations where that concept comes to mind. Binge Eating Disorder (BED) patients live in a culture, which shames them on a daily basis (if they are among the 70% of BED patients who are labeled as overweight or obese). And the attack on the larger size person in our society places enormous pressure on those who happen to be bigger, to diet and to restrict their caloric intake. A quote a patient once told me she heard from a doctor was "You are fat every day, so you should eat less every day and exercise more every day". This statement, (which sadly rings true of what the medical community and society tells heavier people each day), may be well-intentioned, but I would argue does

not pass the test of "First do no harm." It's time to talk about it!

Let's start with some facts. According to the DSM-IV Binge Eating Disorder is, characterized by several behavioral and emotional signs:

- Recurrent episodes of binge eating occurring at least twice a week for six months
- Eating a larger amount of food than normal during a short time frame (any two-hour period)
- Lack of control over eating during the binge episode (e.g., feeling you can't stop eating or control what or how much you are eating)

Binge eating episodes are associated with three or more of the following:

- Eating until feeling uncomfortably full
- Eating large amounts of food when not physically hungry
- Eating much more rapidly than normal
- Eating alone because you are embarrassed by how much you're eating
- Feeling disgusted, depressed, or guilty after overeating

In addition:

- Marked distress regarding binge eating is also present
- Binge eating is not associated with the regular use of inappropriate compensatory behavior (such as purging, excessive exercise, etc.) and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa

Binge Eating Disorder (BED) is a psychiatric disorder and is a red flag for both medical and co-occurring psychological conditions, including but not limited to Major Depression, Post-Traumatic Stress Disorder, Attention Deficit Disorder and other serious mental illnesses. Because it is a serious mental illness, the typical "prescription" to diet to lose weight (a

simplistic behavioral recommendation) sets up the BED patient to utter failure since dieting not only sets the person up to rebound overeat and weight cycle (we will get to that), but also misses the boat as far as helping the person cope with the serious underlying issues or illness with which the person is faced. This is an illness which requires intensive multi-disciplinary treatment, including but not limited to a thorough medical and psychological evaluation, psychotherapy, and nutrition management.

One of the most challenging aspects of treatment lies in the pressure the BED patient faces from healthcare providers and society at large to lose weight, because this is at odds with the need to address an underlying restrictive and shame based mindset which sets the patient up to binge. We have discovered that our BED patients are highly restrictive in their thinking about what is allowable with food, similar to the restrictive thinking about food in Anorexia and Bulimia. So the BED patient may be as fearful as the anorexic about eating carbohydrates or fats when we serve him or her breakfast in our center. Because they are restrictive in their thinking, the BED patient eventually will binge to compensate for the restriction, and in the binges he or she (BED is an equal opportunity disorder; 40% of those with BED are men) will consume large amounts of calories without compensating in some way. This is how and why the patient with BED may gain weight over the time of their illness. What then happens when they are told they should lose weight? They go back to restriction, and the cycle of restriction, bingeing and weight gain continues!

In order to help the patient with BED, we must address the underlying shame around eating (which is reinforced by society who tells them that being fat is bad and unhealthy). This shame around

Effectively Addressing BED... (continued)

eating is intensified beyond what most of us can probably imagine when the person is of a larger size. I often tell my patients that every binge does not start with the binge; binges start with shame and the underlying restriction. So we must help reduce the shame, teach acceptance of the need to eat, (which is akin to teaching the importance of managing our needs), and the skill of mindful eating to our BED patients, just like we teach to our other, possibly smaller framed patients. We have to carefully address the underlying restriction, knowing full well that the pressure to lose weight is something the patient is facing throughout each and every day of their life if they have gained weight due to their illness (again, not every BED patient is of a larger size).

In addition, another common piece of mis-information, which drives the BED patient to binge, is common belief in our culture that people who are heavier are eating more than the rest of us, and they are eating too much. This, of course, sends the message to the person with BED to eat less than they are eating. We have seen, time and time again, that in a 24 hour monitored, controlled setting (with no access to food in between routine meals and snacks), the BED patient may lose little to no weight even on a very modest calorie plan and not bingeing. What we have come to understand is that every body is different, and weight loss is not always associated with being on a lower calorie level. There is more and more science becoming available to us to help us understand how and why this may be the case. So the result of good treatment is the person with BED may enter into a period of stable recovery, with overall improved mood, outlook, functioning, and no bingeing or over-eating, and this newly found state of recovery is not associated with weight loss.

So when a well-intentioned person tells a person with BED (who may be larger

in size), that they should eat less because they are eating too much, and that eating less will make them thinner and healthier, and the BED patient compliantly diets but does not lose weight, or loses weight and gains it back and/or ends up with rebound over-eating, this is not helpful to the patient! In addition to the confounding emotional consequences, the patient with BED is led to what is perhaps an even more serious

In order to help the patient with BED, we must address the underlying shame around eating... The shame around eating is intensified beyond what most of us can probably imagine when the person is of larger size.

medical consequence.

The temporary weight loss sometimes experienced from restriction and dieting, very predictably does not last. The person is likely then to ricochet out of the restriction phase and begin binge eating. This bingeing can lead to weight gain over time. The “serial dieter” repeatedly goes from restriction to bingeing, and over time may gain more and more weight. This cycle is called weight cycling and can lead to very serious medical/physical (and emotional) consequences. The medical consequences of weight cycling (which can include damage to the heart and cardiovascular system, reduced bone mass, increased risk of gall-stones, physical weakness, and depression and impulsivity) may in fact be more serious and life threatening than the consequences of “stable obesity.”

The BED patient faces many complicated situations on a daily basis, which can compromise their overall health and well-being. Thankfully, the new DSM-V will address Binge Eating Disorder and with that we can hope that the illness will be treated with the seriousness that is warranted. Eventually, I hope that it will be recognized that placing a Binge Eating Disorder patient on a restrictive diet is not only crazy making, but neglectful of the complex scenario the patient is faced with. I hope that one day, doctors will not be rated as the number two source of weight bias (second to family members).

The war on obesity may be as much or more about weight stigmatization as it is about a concern for health. But beyond this, the war on obesity may be fueling the BED patient to binge and weight cycle. How can this be considered healthful?

Einstein said, “We cannot solve problems by using the same kind of thinking we used when we created them” and my mom used to say to me, “Wendy, the road to hell is paved with good intentions.” I always knew my mom was saying something important to me at that time, but when it comes to Binge Eating Disorder and the complicated scenario the patient is faced with, this saying is truer now more than ever.

Wendy Oliver-Pyatt, MD, FAED, CEDS is founder and Executive Director of the Oliver-Pyatt Centers and serves on the Board of Directors for Binge Eating Disorder Association (BEDA). She thanks NEDA for the opportunity to contribute to the PFN newsletter on this important subject, and BEDA for promoting awareness of Binge Eating Disorder and the impact of weight stigmatization. She enthusiastically encourages participation in this year's National Eating Disorders Awareness Week, February 26 – March 3 and Weight Stigma Awareness Week (WSAW), September 24-28, 2012.

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Blue Cross Refuses to Accept Harlick Ruling and Asks 9th Circuit to Reconsider Its Decision *By Lisa Kantor, JD*

At the NEDA conference in October, we celebrated Jeanene Harlick's 9th Circuit victory in her battle against Blue Shield for benefits to pay for residential treatment. Jeanene attended the event as a special guest, and during that time Andrew Pollack's *New York Times* article about *Harlick v. Blue Cross* appeared in print. See, "[Eating Disorders a New Front in Insurance Fight](#)." We all felt we had turned a corner in the struggle to achieve mental health parity for people with eating disorders. A typical insurance company, however, Blue Shield is not ready to admit defeat.

As we convened, Blue Shield had already filed a request for a rehearing of the case, arguing that the decision will increase the cost of health insurance by forcing insurers to pay for unlimited amounts of treatment. That argument is without merit, as the court specifically limited its decision to include only *medically necessary* treatment. Nevertheless, I was not surprised at Blue Shield's attempt to avoid the inevitable by continuing to litigate the Harlick case. I did have a surprise for Blue Cross, however, as Kantor & Kantor moved the battle for mental health parity for eating disorders to two fronts.

On November 3, 2011, we filed an opposition to Blue Shield's request for a rehearing. We argued, among other things, that Blue Shield's attempt to obtain a "second bite of the apple" has no support in federal law (which governs Jeanene's case) or California statutory or case law. In fact, Blue Shield is attempting to alter and add to the arguments it presented through the years it refused to pay Jeanene's benefits. Blue Shield is not permitted to raise new arguments or re-litigate old ones at this late date. The only reason a rehearing should be granted is if the court incorrectly interpreted California law. It did not, and the foremost authority on health insurance law in California agrees with me.

On November 10, the California Department of Insurance (DOI) filed a "friend of the court" brief opposing the rehearing and detailing California Insurance Commissioner Dave Jones' reasons why *Harlick v. Blue Cross* was decided correctly. Nonparties to lawsuits are permitted to file such briefs, also known as *amicus curiae*, if they have information that will assist the court to correctly decide a case. As the agency responsible for enforcing insurance laws in California, the DOI's support of Harlick carries significant weight.

Need information on insurance coverage for eating disorder treatment? [Download NEDA's Parent Toolkit](#) for sample letters to use with insurance companies, COBRA rights checklist, critical information to navigate and understand insurance issues and manage an appeals process.



Then, on December 1, Kantor & Kantor filed a class action complaint in Los Angeles Superior Court against Blue Cross on behalf of policyholders with eating disorders who have been denied benefits for residential treatment. A class action is the legal vehicle the courts use when the number of similarly situated plaintiffs are too numerous to contemplate individual lawsuits. We are asking the court to determine that Blue Shield is breaching its contracts with policyholders, violating its covenant of good faith and fair dealing, and running afoul of several business and civil rights laws in California. This lawsuit is in the preliminary stage, as we are waiting for the court to approve, or certify, the class, which will allow us to proceed with the lawsuit.

As you can see, we are undaunted that Blue Shield does not know when to admit defeat, and we are encouraged by all the support from the eating disorder

community as well as health and insurance officials in California.

Also, to my intense delight, the *Harlick* decision has had wider impact than for eating disorders alone. The 9th Circuit said that "the most reasonable interpretation of the [California] Parity Act and its implementing regulation is that [health] plans within the scope of the Act must provide coverage of all 'medically necessary treatment' for the nine enumerated 'severe mental illnesses' under the same financial terms as those applied to physical illnesses." In addition to anorexia nervosa and bulimia nervosa, those illnesses include schizophrenia, schizoaffective disorder, bipolar disorder, major depression, obsessive-compulsive disorder, panic disorder, autism or pervasive developmental disorder, and serious emotional disturbance in children and adolescents. A few weeks after the *Harlick* ruling, the California Legislature passed SB 946, a bill requiring insurers to cover applied behavioral analysis to treat autism. Gov. Jerry Brown signed the bill into law on October 9. I believe our fight for mental health parity for eating disorders helped gain support for this important legislation for families seeking insurance benefits for autism treatment.

Our fight is ongoing. As Blue Shield continues to devise numerous complicated legal arguments about why the health insurer should not have to pay for residential treatment, you should expect to see even more denials on the grounds that residential treatment is "not medically necessary." We believe Blue Shield will have an uphill battle, though, as we plan to mount a vigorous appeal to defend the groundbreaking *Harlick* ruling as we take the fight to state court to force Blue Shield to honor the terms of its insurance contracts.

If you have been denied health benefits for eating disorder treatment or are interested in joining the class action, call Kantor & Kantor LLP at (800) 446-7529 to discuss your case. We are staffed with experienced legal professionals dedicated to litigating eating disorder treatment denials.

Interventions: Another Option on the Road to Recovery

By Jenny Graham, WA

Interventions can potentially be life-changing at any point along the continuum of an eating disorder. In other words it's never too soon or too late to interrupt your loved one's destructive behavior when you approach the problem respectfully and compassionately.

Initially you can invite your loved one to meet with you in a safe and confidential environment and have a conversation in which you express your specific concerns and suggest getting professional help. Be sure to educate yourself as much as possible in advance, keep it simple and supportive, and enter into it with the understanding that it may take more than one conversation before your loved one is ready to accept help. Do not

try to impose a consequence if your loved one says "no" to your inquiry about openness to exploring the issues raised with an eating disorder professional. Try to be compassionate and leave the door open to be a resource. If the person denies having a problem, take a break and revisit it again later. It is important to remind your loved one that recovery is possible, and you are there to support them because you care about them.

Some families decide the risk of waiting and looking for indicators of readiness from their loved-one could mean that they wait too long, and potentially lose them, and they would like help approaching their loved one to intervene.

In this case, they may choose to do a formal intervention as the next step. A formal intervention carries a momentum of a different kind and the weight of the outcome is not on any one set of shoulders. The clear goal is to identify what is healthy for your loved one, and provide a plan that can redirect them from the unhealthy direction in which they are currently moving, to a path of recovery. A professionally-led, well-orchestrated,

and respectful interruption can bring a choice point with compelling incentive to bring them through the doors of treatment.

In my experience as

an eating disorder intervention specialist, I have learned that they are most successful when the individual struggling cares deeply for the person who initiates it. Your relationship may or may not be thriving, but the bottom line is, they might accept an invitation to get together with someone they care about, and ultimately say yes to the offer of help. Can an intervention work if the person struggling is disengaged from the relationship? Even though it's a tougher gap to bridge, the previous significance of the relationship could provide the intervention specialist more to go on than you might imagine. Each path to recovery is unique, and a professional intervention is not right for everyone, but for the hundreds of families that I

work with each year, a professionally-led intervention is a key component of the journey. If you are interested in learning about eating disorder intervention options, call NEDA's Helpline for information: 800-931-2237.

Jenny Graham wrestled with binge eating, drug abuse, and compulsive exercise but now has more than two decades of freedom in recovery. Eating disorder interventions take her all over the United States and Canada. Jenny and her husband Scott, who is also in recovery, formed Carefrontations and have been providing intervention services since 1988 for alcohol, drugs, eating disorders and other compulsive behaviors.



Considering an intervention with a loved one that you are concerned might have an eating disorder? Read this article for useful information on how to best support someone you care about.

Looking for Support? Call the Helpline!



What Callers Are Saying:

"Thank you very much! I have felt so alone in this for so long and I will never give up on her and believe me I have taken this seriously since I first found her doing it and its been such a hard road so far but I have to help her."

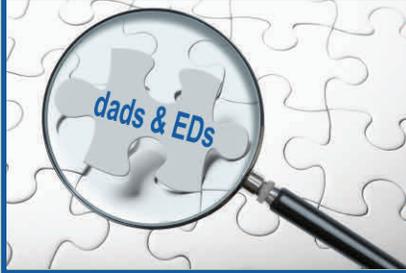
- Mother of a 15 year old daughter

"I've spoken with dozens of people, and you're the first person to give me some hope about my daughter's chances for recovery...You understand, you're saying things that make sense and sound more practical than anything I've heard."

-Father of a 10 year old daughter

"Thank you so much! I called the providers you sent me and made an appointment! Thank you!!!!!!"

-Caller ready to take the first step



IN FOCUS

“Mr. Fix-It”

By Don Blackwell, FL

I (now) am the first to admit that, for as long as I can remember, I have been the quintessential example of what modern-day psychologists label as a Type A personality. Give me a task to do (actually, I would prefer that you give me 10 to do at the same time so that I may more clearly demonstrate my considerable skill at multi-tasking) and I almost certainly will overdo it. Better yet, tell me that you have a problem and, whether you ask for my help or not, I will invariably set about trying to find a solution (or

chological harm, and in the process, try to preserve what little is still left of the innocence of childhood as long as possible.

Somewhere along the way, however, my “Mr. Fix It” mentality morphed into a misguided belief that I could actually control events and experiences that are an inevitable and necessary part of all of our lives, including the lives of our children.

And then, one day, my daughter stopped eating . . .

of their tender predecessors, clinging to a small 8-ounce aluminum can of Ensure®, a high-protein drink I had only recently heard of. Out of its tiny lid emerged a straw, only inches from her parched and quivering lips which were desperate for even a brief reminder of what food or liquid tasted like. I hardly knew what to say, let alone do.

And so there the three of us sat (my wife, daughter and I) armed with the knowledge that if Ashley didn't eat or drink something soon, she was likely going to die, and at the same time confronted by the harsh realization that she and her eating disorder, which by then was firmly in control of the situation, couldn't possibly care any less. Miraculously, after two-and-a-half hours of encouraging, cajoling, tearfully imploring, insisting and dictating in anger, the task was complete – the small can empty - just in time to start the gut-wrenching process all over again. Already, I had seen enough.

I responded by immediately leaping into action. I threw my entire arsenal of problem-solving skills at her eating disorder. I began by researching and identifying all of the leading experts in the field and then spoke to them, one by one, in search of understanding. I then used what I was able to learn to try and put together a game plan – a course of treatment that most certainly would dispel this insidious enemy just as quickly as “he” had moved in and taken hostage the most beautiful soul I had ever known.

Ultimately, I came to a very sobering and heartbreaking realization: There I



Don Blackwell and his daughter, Ashley.

two!) for you.

In the case of my children, I rationalized my Type A behavior by convincing myself that all I was really doing was my best to insulate them from the pain, disappointment, anxiety, heartache and frustration that often arises when things don't go precisely as we hope or plan. I suppose, in this respect, I was no different from a lot of parents who long to shield their children from even the slightest physical, emotional and/or psy-

As long as I live (and as hard as I've tried), I will never forget that February morning when I first walked through the door of the small two-bedroom apartment that I had rented for my wife and daughter shortly after we learned she was sick, less than a stone's throw from the gates leading to the University of Southern California. Despite the fact that it was unseasonably warm outside and the air conditioning in the unit was turned off, there, in a nearly fetal position, wrapped in a woolen blanket in the corner of the oversized couch that dominated the small living room, was a frail and frightened young woman who I barely recognized as my daughter.

Her eyes, which just a few months earlier radiated with the joy, excitement and anticipation of life as a college freshman, bore the unmistakable look of desperation, fear and hopelessness. As I glanced down, I saw her hands, bony imposters



was, confronted with the biggest and most important problem I had ever faced, and I was powerless to fix it. In fact, I couldn't even understand it.

And then, one day, my daughter stopped eating...

Over time, years in fact, I have come to embrace a far more liberating truth: In our efforts to fix things or, worse yet, to fix each other, we are almost certain to do more harm than good. My sense, instead, is that our role is to embrace the fact that there are many things that we simply cannot and should not control, let alone fix, even things that may subject our children (and us) to profound challenges and suffering. As parents, we can best serve our children by accepting the limitations of our control and using our love and resources to support and empower them to get the help they need to work towards recovery.

Below is a letter I wrote to my daughter shortly after I came to this realization:

Dear Ashley,

It's been nearly two months since I've written a word. Something happened between you and me several weeks ago that knocked me off my mark and took me by complete surprise. You said things to me (actually, you screamed them at me) that you had never said to me before, things that were hurtful, things that, candidly, I thought were unjustified, and in large measure, historically incorrect. The following day (and for several days thereafter), you were very apologetic and remorseful. You told me you didn't mean what you said, that none of it was true. In fact, you claimed

not to remember much of what you said. Ultimately, I forgave you, in part, because I know that your words didn't emanate from the heart that I've known and loved for the past 22 years, but rather from a hurt-filled place, and, in part, because I can't help but think that, as much as I may never have intended to do so, either by my words or my actions, I contributed to that hurt – or at least you feel that I did, which is a realization that is terribly hard for me to accept or know what to do with.

Still, on some level, I'm glad I took a break. It allowed me to take a step back and question my motives in writing this book and whether I have any business writing it at all. Most importantly, it reminded me of the power of words and the corresponding need to choose them very carefully. It also made me emotionally available to see something during my walk tonight that will be forever transfixed in my mind – something that I'm sure I've seen a thousand times before, but which never struck me quite the way it did tonight.

It was a young mother, standing in a loud and congested parking lot, tenderly holding her nearly newborn infant close against her chest. That was it! "It" was the purest, most simplistic, most powerful and most beautiful expression of unconditional love I think I may have ever seen. "It" didn't require any words, in fact one of the two was utterly incapable of communicating with words, or any actions, save for the delicate way she was cradling her child and her willingness to allow her chest to serve as a pillow for a moment's rest. And yet, there is no doubt in my mind that as their hearts beat together, mom and infant child were fully engaged in unconditionally loving and accepting love from each other. I smiled as I walked by – and "mom" couldn't help but smile back.

As I passed by a second time, I thought about stopping to share with her how overwhelmed I was by the sight of her and her child, but our social mores really don't allow for intrusions like that by a stranger, nor did I want to intrude on the moment. If I could have mustered the courage, however, I would have urged her to dedicate her life to preserving and trying to duplicate that moment, not only with her child, but with everyone she held dear.

Instead, I continued on my way and I remembered holding you like that. I remembered how very special that felt. I remembered wondering how it was possible to love someone you barely even knew so completely. I remembered feeling overwhelmed by a sense of responsibility to provide for you, to protect you and to guide you. And yet, in the end, unbeknownst to me at the time, what I was most responsible for was "simply" preserving, and as you grew older, finding new ways to communicate that same sense of unconditional love that we shared in our own parking lots innumerable times, when you couldn't say a word or understand a word I said.

At one time or another, all of us have experienced the love that I saw in that parking lot tonight. Our challenge is to find our way back to it and then get out of our own way and allow it to take up residence in our soul. I want you to know that I intend to try and do that in my own life and I would encourage you to do the same.

Don Blackwell is a South Florida attorney whose daughter's struggle with anorexia inspired him to write *Dear Ashley - A Father's Reflections and Letters to His Daughter on Life, Love and Hope*. Though it has not yet been published, Don has shared the above excerpt from his book in the hope that it will inspire and afford comfort. Don can be reached at: dblaw83@aol.com.



NEDA NAVIGATOR HIGHLIGHT: CONNECTING DADS FOR SUPPORT & INFO

NationalEatingDisorders.org



The Parent, Family & Friends Network is here to support you. NEDA Navigators are available to help!

What Are NEDA Navigators?

NAVIGATORS

The NEDA Navigators are individuals who have personal experience, either personally or through supporting a loved one, navigating the overwhelming systems and emotions involved with seeking treatment for an eating disorder. Trained volunteers are available to help you find treatment referrals, local support groups, resources tailored to your needs and be a listening ear through your journey. The range of experience among the Navigators is diverse, and when you request to be connected with a Navigator, we can be sure to match you with someone who has been through a similar set of challenges to share their experiences in a helpful, responsible way. You can request to speak with someone who's dealt with co-occurring conditions such as depression, substance abuse or self-harm, or has the same relationship to the person struggling, such as a fellow dad, mom, partner, sibling or friend. Email us at pffnetwork@myneda.org and we'll get you connected. For more information about the NEDA Navigators, visit the Navigators homepage at www.myneda.org.

** Navigators are not mental health professionals or treatment providers. They are PFN volunteers who have been through an eating disorder themselves or with a loved one and are now in strong recovery. Navigators are trained to help you identify resources, treatment options and be a source of support in your journey.*

How Can NEDA Navigators Help Dads?

Often, by speaking with another dad, men can find the support they need while dealing with a son or daughter's eating disorder. Recently, Mike Polan, NEDA Navigator from New York, had this to say about supporting another dad:

"I recently supported a dad whose daughter was struggling with anorexia. It's amazing how many women with anorexia have

similar issues, though each case is unique. Healthy eating that leads to no eating, exercise issues, lack of self-esteem, isolation etc. I think the dad was happy to be reassured that these issues are common among people with anorexia, and that it's not just his daughter going through it. I know myself, by talking about it, you feel like a heavy weight has been lifted off your shoulders. That's why it's important that dads talk about it and support each other."

Interested in talking to a dad? [Request a Navigator!](#)

Don't Miss the PFN Webinar Series Feature:

For Dads by Dads:
Tips for Supporting a Child
With an Eating Disorder and
Practicing Self-Care

Facilitated by NEDA Navigators Mike Polan and Paul Cordero.

March 1st, 5:00-6:30pm EST

CLICK
HERE
 to register

NEW! PFN Webinar Series!

The NEDAwareness Week Webinar for dads is only the beginning! The PFN will host free webinars with speakers on topics of interest to you, including recovery and caring for a loved one; self-care tools and strategies; eating disorders among athletes, individuals in high-risk industries, and diverse identity groups; treatment options, insurance coverage and recent research in the field. We will plan the webinar series based on what you want to hear, so email us at pffnetwork@myneda.org to make suggestions! Visit the [PFN homepage](#) for a list of upcoming webinars.

Research Summary

The Power of the Family in Treating Disordered Eating: An Innovative Internet Approach

By Angela Celio Doyle, PhD, Peter M. Doyle, PhD, and Jocelyn Lebow, PhD

In a field that has too often identified family members or family systems as being the root cause of eating disorders, researchers and clinicians are now viewing the family as being a powerful ally in treatment and recovery. Family-based treatment (FBT; also called the Maudsley approach) is a specific form of family therapy that focuses on parents and siblings as the central resource in recovery. Although it was once thought to be controversial to ask parents to help their children or adolescents eat healthfully and/or resist binge eating and purging, there has been a growing acceptance and awareness of this treatment approach. Randomized controlled trials, as well as smaller studies looking at a select number of families, have shown excellent success rates. In order to ensure that these same successes are seen outside of a research setting, the Training Institute for Child and Adolescent Eating Disorders was established. Parents can identify certified providers of FBT and mental health professionals can seek out training opportunities at www.train2treat4ed.com.

While we no longer consider FBT to be “controversial”, newer applications of the ways in which families can assist in the treatment of eating disorders are evolving. One particularly innovative way for families to play a key role in the early stages of disordered eating is through a new Internet-delivered program called ePATH (<http://www.epathprogram.org>). ePATH, which stands for Empowering Parents and Adolescents Towards Health, was launched online in 2010 to provide a reliable source of information and help for family members as well as adolescents with disordered eating. Funded through a National Eating Disorders Association Young Investigators Grant and Academy for Eating Disorders’ Tampa Bay Eating Disorder Task Force Award, ePATH is currently being evaluated to determine the acceptability of this type of Internet-based program as well as preliminary outcomes. Many parents feel concerned when they see dieting or other weight- or shape-related behaviors in their teen, such as rigid exercise patterns, secret eating, binge eating, or the use of diet pills. However, it's often difficult for parents to know what the appropriate next steps are, or if they should be taking next steps at all. ePATH was developed for adolescents who are not experiencing a full eating disorder (e.g., just beginning to diet rigidly or showing other early signs of an eating disorder). The program consists of 8 weeks of guided information and suggested steps for families. Parents are considered the focus of the program, but there are also readings for the adolescent and any siblings. There is also a moderated support group available for the parents and other family members to share tips and perspectives, as well as support.

So far, ePATH has had interest from 17 families from all over the United States, the Caribbean, and Asia. The main reason reported by the families for enrolling in ePATH was that eating disorders mental health specialists were not available in their local area. Six of the adolescents already had full syndrome eating disorders and required face-to-face treatment, so they were not eligible for the program. Seven families (comprised of 7 caregivers and 7 adolescents with subthreshold levels of eating disorder symptoms) have been enrolled in the study so far, and 4 families have completed all assessments. Preliminary pre-post results for these 4 participants indicate that both parent and adolescents rated the overall program as “good” and that they would be “very likely” to recommend the program to others. There was a reduction in eating disordered behaviors and attitudes in the teens as well as symptoms of depression. Results suggest that an Internet-based, FBT-oriented program for the early intervention of disordered eating in adolescents is favorably regarded by parent and adolescent participants and may have a beneficial impact on eating and mood symptoms in teenagers. If you are interested in finding out more about ePATH, please contact epathprogram@gmail.com.

Angela Celio Doyle, PhD and Peter M. Doyle, PhD are from the Eating & Weight Disorders Center of Seattle, a part of the Evidence Based Treatment Centers of Seattle, PLLC, www.ewdcseattle.com. Jocelyn Lebow, PhD is from the Mayo Clinic in Rochester, MN.

LOSS SUPPORT NETWORK: HERE FOR YOU IN YOUR TIME OF NEED



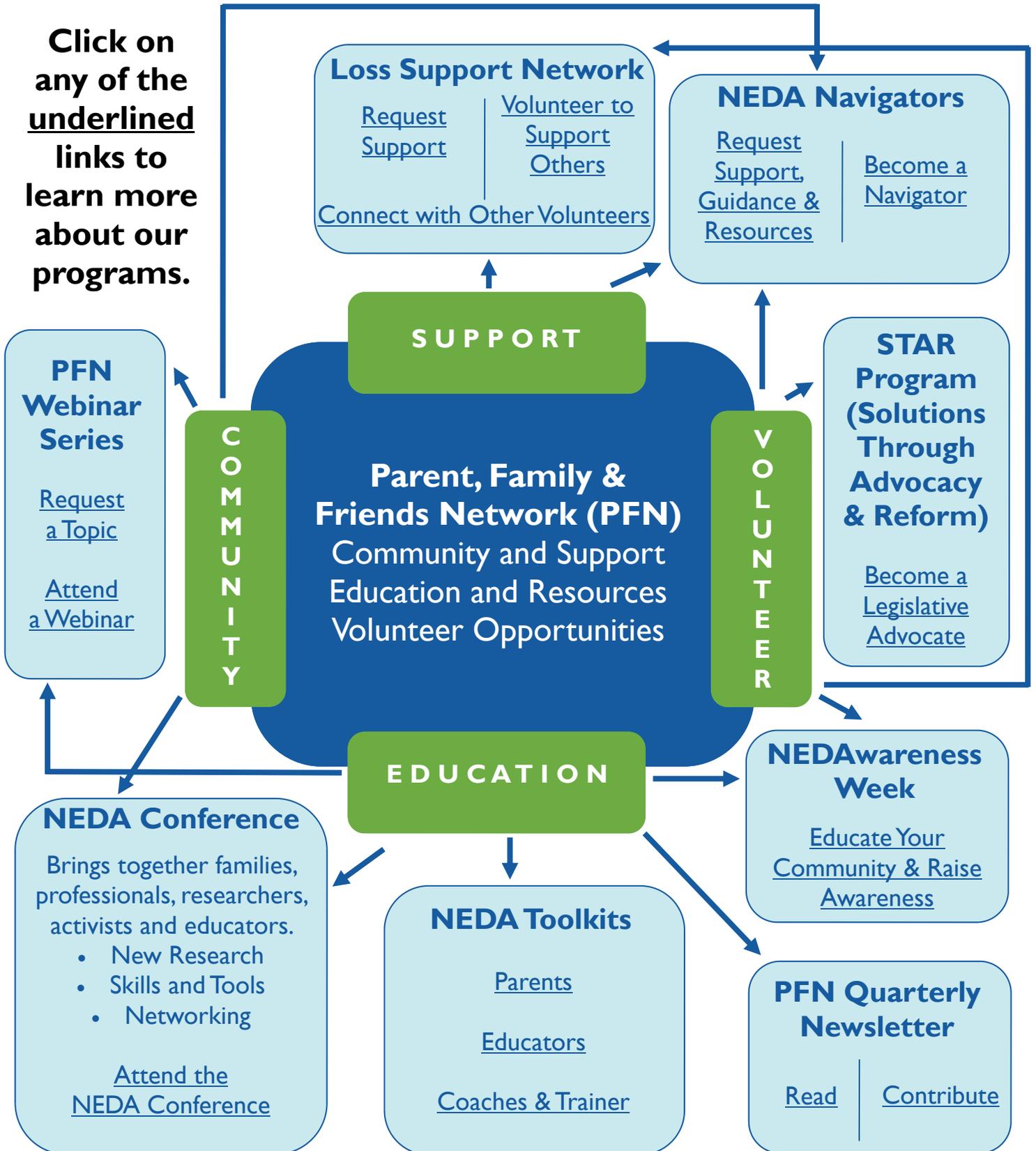
The Loss Support Network offers those who have lost a loved one to an eating disorder a way to connect with others by:

- 1) Volunteering to support those new to a loss;
- 2) Requesting support from a volunteer in the network; or
- 3) Connecting with fellow volunteers.

If you or someone you know has lost a loved one to an eating disorder, please consider visiting the [Loss Support Network](#) under the PFN homepage section of the NEDA website, www.myneda.org.

How Can the PFN Help You? Let Us Count the Ways!

Click on any of the underlined links to learn more about our programs.



Children's Healthcare of Atlanta: One Big Bully

By Lynn Grefe, President and CEO of the National Eating Disorders Association

2011 was the year America woke up to its bullying problem. After a number of high profile youth suicides in which bullying was cited as a factor, parents, educators, and youth decided enough was enough. From Dan Savage's ubiquitous *It Gets Better* project to a number of legislatures across the country passing anti-bullying legislation, it seemed like we had reached a cultural epiphany that adolescent bullying was not some rite of passage, but was instead a dangerous occurrence with an often traumatizing impact on young people.

Apparently, Children's Healthcare of Atlanta (CHOA) did not get the memo.

Their recent "Strong 4 Life" anti-obesity ad campaign features a series of videos and print ads with kids talking about being "fat"—their word, not ours. A tagline on one of those ads reads, "It's no fun getting picked on because you're fat. Just ask Jaden." The implicit message being that kids who are bullied for being overweight should end their torment by losing weight. We do not tell gay kids to become straight to end bullying or dis-

abled kids to become able bodied to stop teasing or Muslim kids to change religions to avoid prejudice. Doing so would be offensive, not to mention ineffective. So why do we think the same approach is acceptable with overweight children?

While our nation scrambles to solve the childhood obesity epidemic, untested and misguided tactics like the "Strong 4 Life" campaign are stoking the flames of another serious epidemic: eating disorders. The truth is, these ads are most successful at shaming overweight children, not helping them. Far from it, they could have dangerous consequences for young people who are particularly sensitive to their messaging. Eating disorders affect 24-30 million people in the United States. They have the highest mortality rate of any mental illness—and 65% of people with eating disorders say bullying contributed to their condition. 49% were less than 10-years-old when the bullying started and many stated that the effects stayed with them into their 40s and 50s. By pushing and shaming youth to lose

weight, we are in fact encouraging them toward *unhealthy* behaviors with results that can last a lifetime.

America needs to address its societal bullying of overweight people. We need to teach young people how to approach food and fitness with a healthy mindset in a culture where diets and quick fixes are powerful, multi-billion dollar industries. Tough challenges require complex solutions, not knee-jerk ad campaigns. Children do not choose to be overweight, nor do they choose to develop eating disorders. These are things we know. So let's stop shaming children and legitimizing the words of their tormentors. Instead, let's work to find ways to improve the self-esteem of our kids, their access to healthcare, and their long-term happiness.

There is nothing wrong with promoting exercise and healthy eating for *all* kids. However, an ad campaign that singles out and shames some kids for being overweight? That's nothing more than the work of a bully.

MARK YOUR CALENDARS FOR THE 2012 NEDA CONFERENCE



October 11–13, 2012
St. Petersburg, FL

Interested in presenting?
The Call for Proposals is open!

What About Us?
Diversity and Complexity
in Eating Disorders

The NEDA Conference is inclusive to families, individuals affected, treatment professionals, researchers, activists and educators. We are currently accepting submissions for the 5 tracks:

**2012 NEDA Conference:
What About Us?
Diversity and Complexity
In Eating Disorders**

- Individuals, Family and Friends
- Treatment
- Diversity and Special Issues
- Education/Public Awareness
- Co-occurring Medical and Psychiatric Conditions

October 11-13, 2012
St. Petersburg, Florida
Vinoy Renaissance Resort & Golf Club

**Deadline: All proposals must be received by 11:59 EST
on Wednesday, February 15th.**

[Click here](#) to view the guidelines and submit a proposal.

MEDIA WATCHDOG ALERT: STAND UP FOR KIDS!



An example of an ad from the "Strong4Life" Campaign. The campaign has been criticized by many, and it is important to keep the pressure on CHOA.

Join NEDA and our Media Watchdogs in calling for Children's Healthcare of Atlanta (CHOA) to pull their recent ads that target and shame overweight children. Their recent "Strong 4 Life" anti-obesity ad campaign features a series of videos and print ads with kids talking about being "fat"—their word, not ours. A tagline on one of those ads reads, "It's no fun getting picked on because you're fat. Just ask Jaden." The implicit message being that kids who are bullied for being overweight should end their torment by losing weight-- a message that is dangerous and could lead to the development of an eating disorder. So what can PFN members do? Write to CHOA, using the [sample letter](#) located on the [Media Watchdog page](#) under Programs & Events, to advocate for the removal of this irresponsible campaign.

The message that kids who are bullied for being overweight should lose weight to end their torment is dangerous and could lead to the development of an eating disorder.

The Media Watchdog program empowers consumers to advocate for positive media messages. This means recognizing and celebrating advertisements that send healthy body image messages, as well as taking the time to express our concerns about advertisements that send negative body image messages or promote unrealistic ideals. When we act together, we have a stronger voice to hold advertisers and entertainment media accountable for the impacts of their media messages. To alert NEDA about a praise-worthy or protest-worthy advertisement /media message, [click here](#). Visit the [Media Watchdog page](#) for how-to instructions on deconstructing an advertisement, alerts on current Media Watchdog Action Alerts and more information on becoming a media activist!

MEET THE NEDA STAFF



**Ilena Greene,
Finance Manager**

Ilena Greene, NEDA Finance Manager, has over twenty years of experience in not for profit health care management. Ilena was the Director of Business Operations for MJHS Hospice & Palliative Care in NYC. Prior to this, she was the Associate Director of the Center for Corporate Wellness at NYU Langone Medical Center where she designed and implemented workplace health screening programs for Fortune 500 companies, museums and other types of corporate clientele. Ilena spent ten years serving in health care management leadership positions for the Certified Home Health Agencies based at Mount Sinai Hospital, Saint Vincent's Hospital and Long Island Jewish Hospital. She is also a Past Chair of NEDA-Long Island and, currently, is the Treasurer of IAEDP Foundation, NYC Chapter. Ilena has also been a NEDA NYC Walk Committee Member, and continues to guide those in need of ED resources in her role as a NEDA Navigator for the New York area. Ilena holds a BA in Biology from Boston University and an MBA in Health Care Administration from the City University of New York, Baruch College-Mount Sinai School of Medicine. On the lighter side, Ilena is an avid sports fan, loves to listen to classic rock, country and folk music, laughs out loud watching any George Carlin video and practices transcendental meditation.



PROJECT HEAL
WWW.THEPROJECTHEAL.ORG

MEET NEDA NETWORK MEMBER: Project HEAL

By Heather Purdin, M.Ed., RYT, Executive Director of Project HEAL

In 2006, two families' living nightmares collided.

Liana Rosenman, 20, suffered from anorexia for five years. Her parents were horrified when they realized the only way they could help their daughter was to place her on suicide watch at her most emotionally desperate point. Previously cherished for her compassion and contagious smile, the Liana they once knew had faded away. Her mind was fed full of lies created and controlled by an eating disorder. On Halloween, a day when it is customary to pretend to be someone else, Liana's parents summoned the courage to remove the mask of her eating disorder by helping her seek treatment. Kristina Saffran, 19, was hospitalized for the majority of her freshman year as her quest for perfection nearly consumed her, quite literally. When I think of Kristina's story, I imagine a little girl being kidnapped by anorexia. After all, she was only ten when an "innocent diet" turned into a deadly drive for thinness that exhausted an entire family. "A few times, after my parents had garnered enough strength and energy, they attempted to force feed me. Me—their 14-year-old daughter," admits Kristina. If bits and pieces of either scenario feel too close to home, know that you are not alone and recovery is possible: **Everybody knows somebody.**

Kristina and Liana met while undergoing treatment and helped each other to reach full recovery, and today they have only proven themselves even more extraordinary. In the spring of 2008, these amazing teens co-founded Project HEAL: Help to Eat, Accept, & Live to raise money for others suffering from eating disorders who want to recover, but are unable to afford treatment. To date, Project HEAL has raised nearly \$170,000, helped fund treatment for seven individuals, and received national recognition for these efforts.

Imagine the delight as their mothers were able to join Liana and Kristina at Carnegie Hall this fall to accept the honor of being selected as 2 of the 21 Amazing Young Women of the Year at the 2011 Glamour Women of the Year Awards for their work as recovery advocates! Finally, recovery is glamorized by the media! Kristina and Liana serve as mentors and consultants with this consistent message: **FULL RECOVERY IS POSSIBLE!**

Join us! New Jersey Chapter Event:

Sunday, March 4th, 2012 (11am-2pm)

"EveryBODY is Beautiful"

Fashion Show & Benefit Brunch

Knob Hill Country Club

1 Shinnecock Dr.

Manalapan, NJ 07726

Tickets: \$45.00 / Family-friendly Event

projecthealnj@gmail.com

www.theprojectheal.org

Share Your Thoughts

If you have an idea for an article, a question you'd like us to research or would simply like to share your story, we'd love to have you participate in our newsletter! Email us at pffnet-work@myneda.org. Be sure to include your full name, email address, and daytime phone number so we can contact you. The PFN Newsletter is by parents, family, and friends for parents, family and friends!



National Eating Disorders Association

165 W. 46th Street, Suite 402

New York, NY 10036

PHONE: 212.575.6200

FAX: 212.575.1650

HELPLINE: 800-931-2237

info@nationaleatingdisorders.org

www.NationalEatingDisorders.org

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