

New Dawn's Eating Disorders Recovery Newsletter

Issue 1

April, 2008

Inside this issue:

Suggestions for Family Members—Nicole Shiloff, Ph.D	2-3
Eating Disorders Internet Resources	2
Poem: The Dive, by Elizabeth Bernstein	4
An Argument for Recovery—Lynne Martin, RD	5
Mini Biography on Ansel Keys	5
Reflections on the Treatment of Eating Disorders—Adair Look, MD	6
TO DO's	7

So Proud!

New Dawn proudly presents its first edition of our Eating Disorders Newsletter.

Forming this newsletter has been quite a process. Initially, New Dawn had a single newsletter that contained information on a variety of health issues, written by amazing individuals from all sorts of backgrounds ranging from our very own clinical director of our ED facility, Dr. Erin Elfant-Rea, to Tara Delaney M.S., O.T.R., the founder and Executive Director of BabySteps, a pediatric therapy and educational services company. We quickly realized, however, that our ED community needed a newsletter of its own.

As Adair Look, MD says in her article on page 6, "Eating disorders carry with them a



New Dawn's Motto:
Be Free!

stigmatization." We hope to break down the barriers aligned with eating disorders by involving the ED community as much as possible. We are wanting to give a voice to those who thought they couldn't (or shouldn't) have

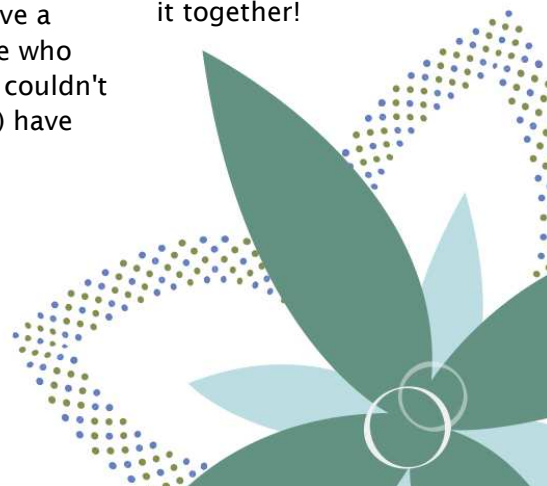
one. A feat some consider a difficult one, we at New Dawn know that through collaboration and community

involvement, we can bring about a level of awareness unprecedented, and help keep this stigmatization at bay.

That being said, we would love for all of our readers to get involved! For more information on how to be a part of this newsletter,

please see the "Get Involved" section on the last page.

We hope that you enjoy reading this edition as much as we've enjoyed putting it together!



Suggestions for Family Members---Nicole Shiloff, Ph.D.

Seeking treatment is an extraordinarily brave step for those struggling with an eating disorder. The recovery process is a long and arduous one, beginning with the understanding that eating disorders are not about food, eating, or weight; rather, they are driven by underlying biological, psychological, and social processes. It is not uncommon to hear from those in treatment that they wouldn't wish upon their worst enemy the level of pain and suffering that having an eating disorder has caused them. Unfortunately, the amount of distress experienced by family members can be just as intense, albeit in different ways. Despite this fact, there seem to be a dearth of resources that address the specific issues family members must deal with when a loved one is struggling with an eating disorder. While many residential eating disorder programs have some type of support group for family members, this does not seem to be the case in many outpatient settings. In an effort to address some of these issues, I offer several suggestions based upon concerns that are frequently raised by family members in the outpatient family support group I run at New Dawn Eating Disorders Recovery Center.

Do not try to use logic to talk your loved one out of her eating disorder

Although it is often tempting for family members to try to talk their loved ones into either eating (e.g., "Just eat!") or not eating (e.g., "Just stop bingeing!"), individuals with eating disorders do not think about

food and weight in logical or rational terms. Rather, their thinking is characterized by a number of distortions, some of which are driven by the effects of malnutrition. It is important to remember that your loved one has not chosen to endure the pain and suffering that living with an eating disorder creates; if she *could* just stop the behavior, she undoubtedly would.

"The recovery process is a long and arduous one, beginning with the understanding that eating disorders are not about food, eating, or weight; rather, they are driven by underlying biological, psychological, and social processes."

I often hear family members say that they feel as if they are "walking on egg shells" around their loved one. To some extent, in order to be sensitive to her needs, they will need to tread lightly. In other words, there are certain comments that someone with an eating disorder finds highly

triggering or provoking and that are best left unsaid. For example, when you tell her she looks good, she hears: "You look fat." In a sense, you are speaking one language while your loved one is speaking another. Although it is written for parents of teenagers, James Lock and Daniel Le Grange's book, Help Your Teenager Beat An Eating Disorder, has a wonderful chapter that discusses the nature of the distorted thinking associated with eating disorders ("Get Into Your Child's Head") and it is useful, I believe, for family members of teenagers and adults alike. (Please be aware that the other chapters in the book are not only geared for parents of teenagers but they describe a very specific treatment approach, which your daughter's treatment team may or may not subscribe to. Check with her team in order to make sure your approach is consistent with their recommendations.)

Educate yourself about eating disorders

I am often shocked by the number of family members I've worked with who do not take advantage of the resources available to help them better understand what their loved one is experiencing. By reading various books and accessing educational websites, not only are you educating yourself about the nature of eating disorders, but you are also sending your loved one the

Continued on following page.

Internet Resources

www.aedweb.org (Academy for Eating Disorders)

www.anred.com (Anorexia Nervosa and Related Eating Disorders, Inc.)

www.anad.org (National Association of Anorexia Nervosa and Associated Disorders)

www.eatingdisorderinfo.org (Alliance for Eating Disorders Awareness)

www.nationaleatingdisorders.org (National Eating Disorders Association)

www.nih.gov (National Institutes of Health)

www.somethingfishy.org (Something Fishy: Website on Eating Disorders)

Suggestions for Family Members—Nicole Shiloff, Ph.D. (Continued)

“Make sure you understand the role you are to play during the recovery process”

Nicole Shiloff, Ph.D. is a licensed clinical psychologist who received her doctorate degree from the University of Miami. After completing her Ph.D., she received additional training at Stanford University Medical Center where she worked primarily with adolescents and children with eating disorders and anxiety disorders. She conducts individual, family and group therapy at New Dawn Eating Disorders Recovery Center.

critical message that you want to support her in any way you can and are trying to learn ways in which to do so. A partial list of Internet resources are provided below, many of them containing links to additional resources.

Ask your loved one how you can support her

One of the comments family members frequently make is: “I want to be able to help her, but I don’t know how.” The best way that you can support your loved one is by asking her what she would find most helpful. Some may find it useful for you to eat with them in order to distract them from the anxiety of mealtime; others may want you to sit with them after a meal so there is less temptation to purge. It is not uncommon for individuals with eating disorders to have difficulty asking for help; therefore, it is often helpful to check in with your loved one every so often to let her know that you are there for her and would like to continue supporting her in whatever ways she needs, keeping in mind that her needs may change during the course of her recovery.

Try to avoid blaming yourself for your loved one’s eating disorder

There is no one cause of eating disorders. Rather, there are a multitude of potential contributing factors, many of which are yet unknown. In addition, there are differing opinions among experts regarding what these factors are.

These risk factors likely represent a combination of psychological, genetic, interpersonal, cultural, and biological elements. Since there is no way to determine what factors may have been at play in the development of your loved one’s eating disorder, it is best to look to the future and to utilize your energy towards helping her get better.

Make sure you understand the role you are to play during the recovery process

The role you will play will differ greatly depending upon whether or not your loved one is a child, pre-adolescent, adolescent or adult. If she is not an adult, you will want to make sure that you and her treatment team are on the same page and that she understands what part you will be playing. It is important to realize that, depending upon her level of motivation to get better, she may or may not be pleased with the role you’ve been assigned by the professionals treating her. For example, you may be asked to play a fairly active role, checking to make sure she is eating what she needs and staying with her for a period of time after she has completed her meal. If she is an adult, it is recommended that you be hands-off when it comes to meal preparation and consumption, unless she would like you to take a more active role. As tempting as it may be to “intervene” during the

recovery process, it is important that her recovery be her own and not be driven by her family members taking ownership of the process.

Realize that recovery is a long and non-linear process

Family members often have unrealistic expectations regarding how long recovery will take. When I am asked this question, I respond with the often “unsatisfying” answer that it depends. Not only does it depend upon the individual, the nature of their eating disorder, and the period of time during which they have had their eating disorder, but it also depends upon how one defines recovery. Regardless of one’s definition, your loved one is likely to be particularly anxious about the time frame for her recovery and will see her ability to “get on with her life” as dependent upon her getting better; it is, therefore, important that you not make comments or ask questions that suggest she is not recovering quickly enough. In addition, because she is likely to go through multiple cycles in terms of being more symptomatic, less symptomatic and symptom-free, you will need to realize that a bump in the road is just that, and hardly means that she is back where she started when she first entered treatment.

**Although both men and women can develop eating disorders, for purposes of simplicity, I have chosen to use the pronoun “her” because the prevalence of eating disorders is significantly greater in women than in men.*

The Dive---Elizabeth Bernstein

**Sometimes is hard to remember all the things that you don't have to be.
At night, dreams are what they are and declare their reality as loud as sound itself.**

**I remember being at the water
with rocks standing around us and the basin filling up
from 30 feet below; dark and comforting in the heat.**

It is the moment before I jumped, all body and thoughts. Standing at an angle.

Arms stretched ahead as if reaching for a friend.

My legs on the rocks like soft pillars and my belly anxious and round.

And for one moment I forgot who I was and what I look like,

My mind holding this moment as a now now now.

**The way a chant can never be about tomorrow
and the sun and its heat does not compare itself to the day before.**

**And I jumped,
falling into the cold water as shocking as a new beginning.
As unaware as if there were no past and no future.**

**It is these times--the spaces between,
when you fall into being as sure as the sound of a piano's note.
It is there and it will be gone like a light switched off or a tea-cup that has lost its steam.
Absolute, perfect, temporary. In the now of the now.**

And I crawled back onto the rocks all slow and scramble.

**Heart pounding against my skin.
Shaking the water off my body like a dog and sitting
on the rock in the water in the heat.**

An Argument for Recovery—Lynne Martin, RD

As a clinical dietician working with patients with eating disorders, I commonly hear my patients say “I will only restrict, over-exercise or vomit till’ I reach my weight goal” or “I just need to binge and vomit now to cope and I will stop when things in life get less crazy”. They remark that despite having every intention to disengage from restrictive dieting, bingeing, vomiting or other disordered behaviors, they find themselves unable to stop. This inability to take back control and disengage from the eating disorder becomes more and more troubling for the sufferer, resulting in devastating effects on medical, psychological, social, and occupational/educational functioning.

Understanding the impact that restrictive dieting has on the body appears to have tremendous therapeutic value for my patients. Through this educational process, they begin to connect how their body’s state of starvation causes a series of side effects that they might not have originally linked to their eating disorder, including preoccupation with food and or body image, increased depression, anxiety, sleep disturbances, inability to concentrate, and indecisiveness.

I review with my patients a study done on a sample of men in the 1940’s conducted by a scientist named Ancel Keys. The study is known as “The Minnesota Starvation Experiment” and was conducted to gain insight into the physical and psychological impact of starvation among soldiers returning from war. The sample of men who participated were conscientious objectors to the war. They had no history of depression, anxiety, food or body image issues prior to participating in the study. However, while experiencing a period of months of extremely restrictive eating (i.e., semi-starvation), they began having side effects that individuals struggling from eating disorders often end up with, including inability to concentrate, low energy and motivation, severe depression, preoccupation with food, irritability, and body dissatisfaction. One subject suffered such severe psychological distress from semi-starvation that he was admitted to a psychiatric ward. Another admitted to stealing food and eating large numbers of raw rutabagas, huge amounts of gum, and eating scraps of food found in garbage cans. Following the

semi-starvation phase of the study, several months of rehabilitation (i.e., re-feeding) occurred. Especially during the beginning of this rehabilitation phase, many of the men reported episodes of binge-eating. That is, once these men had access to food again, they could not satisfy their intense hunger and would experience episodes of uncontrolled eating. Binge-eating and food preoccupation continued to be present for up to five months, but importantly, did resolve along with the other symptoms mentioned like depression.

As disturbing as this study is, its findings often provide relief to my patients. They can toss away their belief that they binge because they have no self-control or willpower and begin to see how their restrictive eating practice is what leads to their bingeing. They also see how eating consistently will help lift their mood and give them more energy so that they feel more satisfied in their lives. Our program at New Dawn provides patients with the tools needed to rehabilitate from months or years of restrictive dieting. Knowing this is possible has proven to be a very strong argument for recovery.

Lynne Martin, RD is a clinical dietician at New Dawn Eating Disorders Recovery Center. She integrates cognitive behavioral therapy with nutritional counseling in both individual and group settings. She utilizes a non-dieting approach, helping her patients achieve healthy lifestyles at any size.

“They can toss away their belief that they binge because they have no self-control or willpower and begin to see how their restrictive eating practice is what leads to their bingeing.”

Ancel Keys

Ancel Keys attended the University of California, Berkeley, where he received a B.A. in economics and political science (1925), and an M.S. in biology (1929); he received a Ph.D. in oceanography and biology from the Scripps Institution of Oceanography (UCSD). He earned a second Ph.D. in physiology at Cambridge in 1938. In 1936, he became a professor at the University of Minnesota, where he established and directed the Laboratory of Physiological Hygiene.

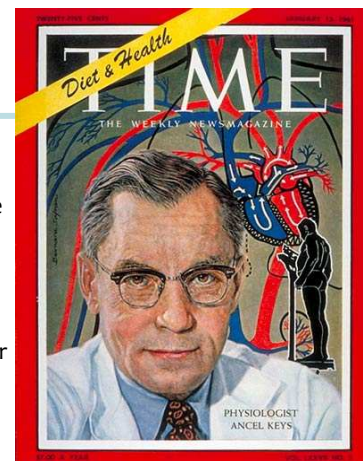
Keys was born an only child in Colorado Springs, Colorado, in 1904. His family moved to San Francisco and, after the earthquake, to Los Angeles. Keys held a variety of occupations. As a boy, he worked in a lumber camp for a while, and then shoveled bat guano in an Arizona cave. He served as a powder monkey in a Colorado gold mine and later as a clerk in a Woolworth store. Keys

was former chairman of the International Society of Cardiology and was a consultant to the World Health Organization and the Food and Agriculture Organization for almost 30 years. During WWII, Keys formulated balanced meals for combat soldiers, most famously known as K-rations. Toward the end of the war, he launched the Minnesota starvation experiment, which was designed to determine the physiological and psychological effects of severe and prolonged dietary restriction and the effectiveness of dietary rehabilitation strategies. Keys reported the results of the experiment in his two-volume *Biology of Human Starvation*, published by the University of Minnesota Press in 1950.

Key’s was later inspired (by his Cambridge boss, John Barcroft) to conduct a major high-altitude study in the Andes. He thought

findings of the expedition would have practical import for the Chilean copper miners living and working at great heights: “It was awfully damned cold constantly, because it was midwinter. In the cold, you easily lose your breath, but you just pace yourself. We had a little snow shelter – put up a few poles and blankets over them – and crawled in there to get out of the wind and cold. At night, the temperature dropped to 50 below. We didn’t do much cooking, of course.”

Ancel Keys died of old age two months before his 101st birthday on November 20, 2004.



Reflections on the Treatment of Eating Disorders---Adair Look, MD

"Emily," a 20-year-old college student, came to treatment just after having attempted suicide by overdosing on pain medications she had found in her parent's bathroom. She admitted that before the attempt, she had become despondent over her unstoppable need to chew large quantities of food and spit it out without ever swallowing any of it. Emily had been chewing and spitting out her food as a way to sooth herself since the sixth grade, but had never been able to tell anyone because she was too embarrassed "Who ever heard of something so gross? I couldn't tell anyone!" she stated.

Emily is one of approximately 5 million people in the United States suffering from an eating disorder, while many more suffer from disordered eating that borders on a full-fledged disorder. In addition, eating disorders carry the highest mortality risk of any psychiatric illness. Patients often come to treatment for reasons seemingly unrelated to their eating disorders. Although there is an overlap in symptomatology, eating disorders are currently categorized into three distinct diagnoses: Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Eating Disorder Not Otherwise Specified (EDNOS). Many patients, like Emily, do not fit neatly into these categories.

"Sarah" was forty-two when she presented to her internist with a concern for chronic halitosis. After an exhaustive medical work-up, Sarah finally admitted to regurgitating her food two to three times per day. After her divorce ten years prior, she began regurgitating her food from stress. She welcomed its soothing effect and that it made her weight easier to manage, so she continued with the behavior despite its inconvenience and its effect on her breath. Sarah's eating disorder, rumination, is far more prevalent than most treaters are aware. Kjelsas shows in his 2004 article that 3% of young women have AN, 8% have BN and about 14% meet criteria for EDNOS. O'Brien (1995) and Fairburn (1984) showed that 17 to 33% of patients with BN engage in rumination at sometime in their history.

Regardless of the commonality of the

presenting symptoms, the immediate concerns in treating eating disordered patients include refeeding syndrome, electrolyte abnormalities, and cardiac abnormalities. Refeeding syndrome occurs when patients have starved themselves to the extent that their cardiac tissue has atrophied; when they are then given increased fluids and solids, their heart becomes overloaded. This results in edema, fast heart rate, and abnormal heart beats. These are the common and scary results of malnutrition and can occur in a patient of any weight. Many patients do not realize the severe and life-threatening physical state that they are in, and helping them to seek treatment is essential to their safety.

"Eating disorders carry with them a stigmatization that makes patients ashamed and secretive of their behavior."

One aspect of recovery from an eating disorder is effective treatment of other issues that arose prior to or during the onset of the eating disorder. Mood disorders, like depression, are common in most eating-disordered patients, with 73% of patients with AN and in 60% of patients with BN suffering from one or more mood disorder (Herzog 1992). Recent research has focused on the connection between ED and mood, showing that serotonin is involved in modulating impulsivity, obsessiveness, mood, and appetite. Patients with bulimia show a decrease use in naturally occurring serotonin and a decrease reactivity to serotonin. Patients with anorexia also show a decrease in serotonin activity and reactivity, but these levels increase after weight

recovery has been achieved. Patients are often unaware that SSRIs do not work as effectively on underweight people and that a minimum bodyweight must be achieved for full effect to occur.

Treatment of eating disorders is difficult. However, it is most effective when using a multidisciplinary treatment team including a psychopharmacologist, a therapist, a nutritionist, and a primary care physician. There are currently limited psychopharmacologic interventions for the treatment of eating disorders. Studies show that the use of fluoxetine, desipramine and imipramine are helpful in treating BN (Becker 1998), as is Topamax (Hedges 2003). Anorexia has been more difficult to treat both pharmacologically and therapeutically. Antipsychotics have begun to show promise with abnormal or inaccurate body image issues.

Eating disorders carry with them a stigmatization that makes patients ashamed and secretive of their behavior. It is helpful to encourage patients to see that their illness is a force outside of their person. The disorder itself can be stronger than any one member of a treatment team – but together, the patients and her treaters are stronger. The triumphs of recovery from an eating disorder extend beyond weight stabilization. Sarah has learned other coping mechanisms for stress-relief and healthy weight management, and no longer has bad breath. Emily has been symptom free from both her eating disorder as well as her depression for three years and recently graduated from college with honors, at the top of her class.

Adair Look, MD attended medical school at the University of North Carolina at Chapel Hill. She completed her training in Psychiatry at The Massachusetts General Hospital/Harvard University where she did research and clinical work in the treatment of eating disorders at Harvard University Health Services and at The Massachusetts General Hospital Center for Eating Disorders. After relocating to California, Dr. Look was the director of Women's Health for the Department of Psychiatry at California Pacific Medical Center. Most recently, she has opened a private practice in Santa Rosa, California and can be reached at (707) 318-7220.

To Do's

Insatiable Hungers: Eating Disorders, Chemical Dependency and Depression in Women

Presented by: Adrienne Ressler, MA, LMSW, CEDS, National Training Director, The Renfrew Center Foundation. This day-long seminar will provide didactic lecture, experiential and demonstration exercises, video clips of client work, and body-focused tools for clinical application.

Houston, TX – May 2
Houston Marriott Medical Center
6580 Fannin Street
Houston, TX 77030
(713) 796-0080

Harrisburg, PA – May 9
Radisson Penn Harris Hotel
1150 Camp Hill Bypass
Camp Hill, PA 17011
(717) 763-7117

New York City, NY – May 30
Bull Run Conference Center
52 William Street, 2nd Floor
New York, NY 10005
(212) 897-2399

The Self of the Therapist: Exploring the Therapeutic Relationship

Presented by: Doug Bunnell, PhD, Vice President & Director of Outpatient Clinical Services, The Renfrew Centers. This day-long presentation examines the self of the therapist in the psychotherapy of clients with eating disorders and addresses transference and countertransference issues, projective identification as communication, therapeutic use of self-disclosure, risks for boundary violations, and ethical challenges.

Princeton, NJ – May 9
Marriott Princeton Conference Center
100 College Road East
Princeton, NJ 08540
(609) 897-7203

Awakening the Silent Soul: Treating Eating Disorders From The Inside Out

Presented by: Jennifer Nardozi, PsyD, Assistant Clinical Director, The Renfrew Center of Florida. This seminar will provide mental health professionals with strategies to help women with eating disorders find the spiritual sustenance to connect mind, body and spirit and to allow the authentic self to emerge. The philosophy of healing through relationship will be examined as a tool to enhance spirituality in this difficult to treat population. Behaviors representing movement toward a healthy recovery will be examined. Didactic material and experiential exercises will be utilized.

Atlanta, GA – May 2
W Atlanta Perimeter
111 Perimeter Center West
Atlanta, GA 30346
(770) 280-0668

What's A Family to Do? Questions & Perspectives on How to Use & Involve the Families in Treatment or Not

National Eating Disorders Association - Long Island
Facilitator: Sondra Kronberg, MS, RD, CDN, Nutritional Director - Eating Disorder Associates, Executive Director NEDA-LI. 900 Merchants Concourse ~ Suite 403 ~ Westbury, NY 11590~516-794-0415 ~ www.neda-li.org

Southern California: Professional Study Groups

Carolyn Costin, MFT invites all treating professionals to her study groups. These groups cover case reviews, treatment strategies, new literature, research, and other areas related to the treatment of eating disorders. CEU's are given to MFT's and LCSW's. For more information call 310-457-9958. Group #1 takes place the first Tuesday of every month from 12:00 - 1:00pm at the Eating Disorder Center of CA, www.edcca.com. Group #2 takes place the first Wednesday of every month from 12:00-1:30pm at the Monte Nido Treatment Center, www.montenido.com.

Advanced Treatments for Eating Disorders - Summit for Clinical Excellence Conference.

Las Vegas NV: 24 CE's June 5th- 8th, 2008 Workshop Topics: *Childhood Obesity *Body Image *Gender Issues *Genetics *Anorexia *Bulimia *Psychopharmacology *Alternative Therapies *Substance Abuse and ED *Obesity *Future Trends, and much more.... Expert Faculty to include Christopher Fairburn, MD, Kathryn Zerbe, MD, Craig Johnson, PhD, Judith Brisman, PhD, Carolyn Costin, MFT and Anita Johnston, PhD and many others... Register today by visiting website or call. www.bfisummit.com or 800.643.0797 (Mention edreferral.com and get a 10% discount for a full registration!)

2008 International Conference on Eating Disorders

May 14-17, 2008
Academy for Eating Disorders
The Westin Hotel, Seattle, Washington

NEDA Seminar - The Role of Educators in Early Intervention of Eating Disorders Wednesday, May 14, 2008, 12-4 pm, The Tower Building, 7th and Olive. Seminar will cover:

- How to Identify At-Risk Students
- How to Advocate for Students with Eating Disorders

The Renfrew Center Foundation Sponsors Art Exhibit

Expressing the Voice Within: Images of Eating Disorders will represent women giving voice to their innermost thoughts and feelings through their artwork. They felt safest expressing themselves through this modality when they might have been reluctant to communicate their emotions through strictly verbal means. For more Information please contact: Karen Polin at 954-698-9222 x 2077 or e-mail at kpolin@renfrewcenter.com

Opening Reception May 22, 2008 at 7pm
May 20-June 16, 2008; 10am-5pm daily
Coral Springs Museum of Art
The Lobby Gallery
2855 Coral Springs Drive
Coral Springs, FL 33065

Advanced Treatments for Eating Disorders

June 5-8, 2008
Green Valley Ranch Resort and Spa
Las Vegas, NV
800.643.0797
info@bfisummit.com

Center For Discovery presents: Family Dynamics and Eating Disorders: Enlightening the Family to Their Role in Treatment

July 18, 2008 Chico/Redding, CA, Location TBD
Please RSVP to Yusvi Salza
800.760.3934 ext. 232
yusvi.salza@centerfordiscovery.com



New Dawn

Eating Disorders Recovery Centers

For information about New Dawn's Eating Disorders Programs in Sausalito, please contact our Clinical Director, Erin Elfant-Rea, Ph.D. at (415) 331-1383 ext 303.

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.

Spread the word & get involved!

With our New Dawn Eating Disorders Newsletter coming into circulation within our community, we will be looking for interesting content to include in our future editions. Should you like to be involved, whether it is submitting an article or poem, highlighting an event, or writing a piece yourself, please do not hesitate to contact us!

We would also like to put together a

calendar of events which could include birthday celebrations, community events and any other interesting happenings, or even your personal story. We would like everyone to be able to join in the celebration of your accomplishments!

You can either email our Outreach Coordinator at Outreach@NewDawnRecovery.com, or call Ashley at (916) 983-9700.

New Dawn News

New Dawn is opening a professional residential treatment facility for adults with eating disorders and we are looking for individuals to fill certain positions.

Residential Counselor

We are looking to fill several residential counselor positions. We have overnight "awake" positions from 8pm-8am. We also have daytime positions on weekends from 8am-8pm. Job responsibilities (depending on shift) include monitoring residents, enforcing house rules, supervising activities, assisting with medication, hourly bed checks, light cleaning, some filing, and transporting to appointments. CPR training required. CNA's encouraged to apply. Those with psychology and mental health background also encouraged to apply. Opportunities to participate in treatment team meetings and be on-call for other shift openings are

also available. We are accepting applications for Full-time and Part-time positions. Hourly wage will depend on level of experience. Please list your salary requirement in your cover letter.

Nurse Practitioner, NP/Program Manager

HOURS: 32-40 hours per week plus on-call pager (Flexible Schedule)

SALARY RANGE: Competitive, please list your salary requirements in cover letter. Health benefits and 401K.

We are seeking a NP to assist our Medical Director and our staff Psychiatrist with providing medical and psychiatric assessments and treatment at our soon to be opening residential eating disorders treatment facility. Other job responsibilities will include maintaining an on-call pager, management and training of overnight/weekend staff, and assisting with

utilization reviews with insurance companies.

REQUIREMENTS AND QUALIFICATIONS:

1. Valid California RN license.
2. Valid California Nurse Practitioner License.
3. Experience with mental health population. Preference given to candidates with experience treating eating disorders.
4. Strong leadership, team building and communication skills; some flexibility around hours and days of work.

Send application materials (cover letter and resume) to our Clinical Director:

Erin Elfant-Rea, Ph.D.
New Dawn Eating Disorders Recovery Center
2320 Marinship Way Suite 240
Sausalito, CA 94965
fax: (415) 331-1392