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Newsweek endorses treatment modality for Anorexia practiced at Boswell Center

The December 5, 2005 Newsweek cover story "Fighting Anorexia: No One to Blame" documents an important shift in the conceptualization and treatment of this deadly disease. Once thought of as a maladaptive way for adolescent women to cope with familial and societal pressure to be perfect, researchers now compare anorexia to diseases such as alcoholism and depression. The current perspective is that some individuals are genetically predisposed or born at risk

for developing anorexia. When these "at risk" children are exposed to the growing pressures of being a teenager in society, which include the message from music videos and movies that they must be thin to be accepted, the symptoms of anorexia begin to manifest.



As researchers gain a better understanding of anorexia, one very important result is that **parents are no longer blamed** for their children developing this disease.... **continued on page 4.**

My husband recently suffered a heart attack and I think he may be depressed. It is just normal and will pass, or should I be worried?

About 1 in 4 heart attack survivors develop major depression. Depression differs from a simple case of the blues. Major depression is marked by a sad or irritable mood that lasts more than two weeks, accompanied by other symptoms (such as sleep disturbance, appetite disturbance, difficulty concentrating, loss of interest in normally pleasurable activities, and even thoughts of death or suicide). Although fairly common, depression after a heart attack is not "normal," and should be treated. Patients with major depression are three to four times as likely as other patients to die within six months of a heart attack, and are at higher risk for having another heart

attack. Why? Part of the reason is chemical: depression can trigger the release of adrenaline and other "stress" hormones that can increase the heart rate, raise blood pressure, damage the heart muscle, or lead to dangerous arrhythmia. The hormones can also speed the buildup of fatty plaques in the arteries, making another heart attack more likely.

The good news is there are effective treatments. Recent studies on SSRI's (selective serotonin reuptake inhibitors, a class of antidepressant medication) show significant benefit for heart patients.

Even better is a combination of antidepressant medication and a particular type of "talk therapy" called cognitive-behavioral therapy (CBT). CBT helps patients identify and reduce stress, and to change thought patterns and behaviors that lead to depression and anxiety. Please talk to your husband's cardiologist about getting a referral for thorough evaluation and, if necessary, treatment.

Robin O'Hearn, Ph.D.

Licensed Psychologist

Why do you consider value-based parenting important?



“it becomes vital to use time together to communicate values”

Recognize that parenting today is much different than parenting of the past – and much more difficult. Today’s parents have to go the extra mile to overcome such influences as violence and sex portrayed graphically on TV, the internet, and video games. Further, many kids face divorced parents, have single moms or dads, belong to blended families, and live in latch-key situations, etc.

As parents spend less and less time with their kids, it becomes vital to use time together to communicate values and grow with their children. In identifying values worth teaching to your kids, project ahead to a time when your children are grown. Identify values that you hope

they’ll exhibit and hold dear. Would you like them involved in community service and exhibit a faith-base? Do you want your children to value cooperation over competitiveness? How about your children displaying courage and dependability?

Consider these and other principles. Be proactive. Live the values that you want to be your legacy. Pass them along to your family by such modalities as identification, modeling and reinforcement. For example, name the value you are modeling to your child and call attention to any occasion your child replicates that value.

Kathleen Winterbotham, Ph.D.

Licensed Mental Health Counselor

I have a child with a long-term illness. My wife & I have had significant difficulty explaining the nature & course of her illness and haven’t been honest with our child. Is this okay?

Caring for a chronically ill child can be one of the most demanding and difficult tasks a parent can face. In addition to dealing with your child’s physical challenges and medical needs you will have to address the emotional needs your ill child may have and the emotional impact that your child’s prolonged illness can have on the entire family.

As far as explaining long-term illness to your child, honest communication is critical to helping your child adjust to a serious medical condition. It is important that you and your spouse tell your child that she is sick and will be getting lots of medicine and help from others. Although the hospital and the medicine may seem scary to your child, they are part of what it takes to helping your child feel better. It is imperative to clearly and honestly answer your child’s questions in a developmentally appropriate language so that your child can understand and respond. This approach will foster your child’s trust, prepares your child for any treatments and possible discomfort that may accompany those treatments. It is also important to avoid saying “this won’t hurt,” if the procedure is likely to be painful. Instead, inform your child that the procedure may be painful, cause discomfort, or stinging and pressure. Reassure your child by stating that this discomfort is temporary if this is

the case and that you and her family will be there to support her.

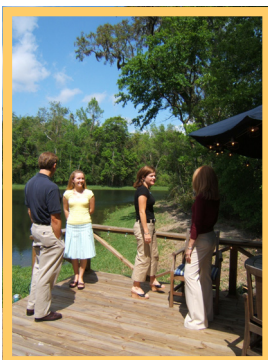
If your child asks you questions about their illness that you struggle to answer and this will more than likely be the case, don’t feel that you have to go it alone. You can ask the physician to assist you in explaining the illness to your child or have the medical team (e.g. physician, social worker, nurse, etc.) help you explain the illness to your child in a manner and setting that is not overwhelming.

Emotional Response

Your child may experience many emotions about the limitations and changes affecting her body. Ask your child what she is feeling and listen! This communication does not need to be verbal. Drawing, writing, music and imaginary-play are great ways for your child to express her emotions. *To be continued in the next issue*

Kimberly Brown, Ph.D.

Licensed Psychologist



My doctor recently diagnosed me with Irritable Bowel Syndrome, should I change what I eat?

This is a great question, especially since about 10-20% of the general population is considered to have Irritable Bowel Syndrome or IBS. IBS is seen as a functional disorder, and is characterized by a group of symptoms in which abdominal pain or discomfort is associated with a change in bowel pattern (diarrhea or constipation). Once your doctor has ruled out any other problems and has diagnosed you with IBS, then yes there are a variety of things that you can do to help alleviate the symptoms. The foods and the way that you eat will greatly impact how you will feel.

Large meals, high fat foods, coffee, caffeine, and alcohol all tend to make IBS symptoms worse. If you are diagnosed with IBS, then eating six small meals or 3 moderate meals with snacks

throughout the day should help. The other big component to consider is fiber; not just any fiber but soluble fiber. Soluble fiber can help your IBS symptoms, whereas insoluble fiber can actually make your symptoms worse. The best advice for someone recently diagnosed with IBS is to start keeping a food/symptom log to track the foods that tend to be the cause of your specific symptoms. IBS is a functional disorder that can be improved with specific diet and food recommendations so don't be frustrated, there is hope for relief from your IBS symptoms.

Kerri Napoleon, RD, LD

Registered Dietitian



My pediatrician has told me that my child is overweight. What do I do?

It is very important to redefine the problem of an overweight child as a family problem. Instead of trying to change your child's weight, try to change the family environment. Realize that even if the rest of the family is slim, nobody benefits by eating "junk." Replace unhealthful foods with nutritious fare.

- Don't put your child on a diet. At best, diets produce short-term results, but over the long-term are not effective. It is far more beneficial to establish and maintain a lifestyle that supports good health.

- Don't express a desire for your children to be thin; instead, express the importance of being healthy. Praise health-oriented behavior (such as participation in physical activity), not weight loss. Teach children to feel good about what their bodies can do, not what they look like. Practice what you preach. Research shows that our children imitate our behavior. "Model" healthy living.

Practice "Conscious" Eating

Most people eat past the point of satiety. Satiety is the "just right" amount of food: the point at which your body is no longer hungry, but not "full." Satiety is a subtle, quiet signal. If you are eating in a distracted manner, you won't notice this signal.

Here are some ways to hear the "Quiet Message:"

- One room should be designated for eating. Don't allow eating in front of the tv, in bedrooms, etc.

- Eat sitting down, with no distractions other than family interactions.

- Eat as a family, with designated mealtimes.

Make Healthful Choices

- Get the whole family involved in meal-preparation. Even very young children can help with kitchen duties (e.g., tearing lettuce for salad). Again, this is a way to "model" healthy living.

- Never use food as a reward or comfort. As much as possible, food should be treated as value-neutral.

- While keeping the above in mind, allow for the occasional treat. Don't exclude your child from households or people who don't practice your healthful habits. Aim to eat in a healthy manner 80% of the time.

Exercise

The second major contributor to the increase in obesity in industrialized nations is the decrease in physical activity. *To be continued in the next issue*

Kelly Boswell, Ph.D.

Licensed Psychologist

"Don't put your child on a diet. At best, diets produce short term results..."



Anorexia Treatment (continued from pg. 1)

This development has dramatic implications for treatment. Blaming parents was such a prevalent belief that for years treating anorexia focused upon separating the anorexic girl from her "toxic" parents. Researchers now understand that not only should the anorexic patient not be removed from the family but that the most effective method for treating anorexia is to have the family play an integral role in the recovery process.

The Newsweek article reported that family therapy is the best treatment for anorexia and that the most effective family based approach is the Maudsley method. This is an evidenced-based approach that has been used in Great Britain for over 20 years. The outcome data for this approach is better than that of any other researched approach for anorexic children who still live with at least one parent. A review of several studies reflects that five years after treatment, more than 70% of patients recover using the Maudsley approach, compared with 50% who recover by themselves or using the old approaches.

The Maudsley approach respects the importance and positive influence par-

ents have upon their children. The parents are seen as the best source of change for the child and are supported in their efforts to re-feed the patient. Moreover, rather than assume that in order to recover from anorexia, the adolescent must choose to eat, it assumes that she is unable to make that choice. The choice to eat is non-negotiable and must be taken over by the parents until the adolescent is nourished enough to resume control over eating. The Maudsley approach emphasizes that food is medicine and normal eating is seen as the first-line treatment, as opposed to a long range goal.

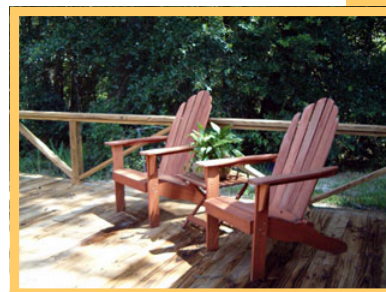
The Maudsley Method is best suited for children and adolescents with anorexia because they are still under parental control and the parents play a crucial role in their recovery. Related to this, it is important for parents to be willing to assume responsibility for re-feeding their anorexic child, which often means assuming the role of the "bad guy." Effective treatment will also require parents to make their child's recovery a priority and restructure their lives for a period of time.

The Boswell Center practices the Maudsley based treatment of anorexia and evidence based approaches for all eating

disorders. Dr. Kelly Boswell has used the Maudsley approach since 1993. Her extensive experience with anorexic clients taught her that they are best served when they obtain all facets of care within a centralized, easily accessible framework. She opened the Boswell Center in 2001 with a group of multidisciplinary practitioners to fulfill this need. Outcome results for clients treated at the Boswell Center are as good, or better, than the results reported above from the Newsweek article.

Roger Davis, Ph.D.

Licensed Psychologist



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Laura Collins, Author of "Eating with your Anorexic" will be visiting the Boswell center in the Spring of 2006. Call to reserve your space now.

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