



# OMNI Behavioral Health

## *Eating Disorder Program*

8715 OAK STREET OMAHA, NE 68124  
402.333.0898



### Newsletter Highlights:

SUMMER 2011

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### OMNI Behavioral Health Services:

- Eating Disorder Treatment
- Home-Based Therapy
- Foster Care Services
- Intensive Treatment Mobility Services
- Therapeutic Group Homes
- Psychiatric & Psychological Evaluations
- Safety & In-Home Services
- Community Alternatives to Residential
- Individualized Behavioral Health Services

## *Eating Disorder Support Group*

Cathy Andrews, MS, LMHP

As a family member or friend of a person with an eating disorder, it is important to learn to support your loved one appropriately. Listen to their concerns and understand that you do not need to offer advice, just an open ear. Try not to pass judgment on their thoughts and feelings or try to not minimize their feelings with statements such as "I know how you feel" or "If you would just eat, it would be better". Eating Disorders are not just about the food. There are emotional components involved that need to be addressed by a mental health professional. Educate yourself on the topic.

OMNI Behavioral Health is proud to offer an 8-week eating disorder support group periodically throughout the year on Monday nights. The support group takes place at our clinic located on 8715 Oak Street from 7pm to 8pm. On the first and last nights, family & friends are welcome to join for special family support groups. There is a \$20.00 charge per night, which covers the family and friends' fee on family nights. All groups are facilitated by a trained treatment staff professional or intern. We ask that any new potential attendees call 402-333-0898 for a brief phone screening & to ask any questions that they may have. The next support group session will be offered on the following nights.

August 15th (family night)

September 19th

August 22nd

September 26th

August 29th

October 3rd

September 12th

October 10th (family night)

## Substance Abuse & Eating Disorders

Ida-Marie Hebrank, LICSW, LADC

In recent years there has been a greater link to substance abuse and eating disorders in women. It is estimated that almost half of individuals with an eating disorder also abuse alcohol or other illicit drugs, compared to 9% of the general population. Furthermore, approximately 35% of alcohol and drug abusers have eating disorders compared to 3% of the general population (National Center on Addiction and Substance Abuse (CASA) at Columbia University, 2003). It is not really known which disorder most often precedes the other, however, when the substance abuse precedes the eating disorder the individual is likely to abuse multiple substances and the dependency was likely to have been developed at an earlier age.

There are many shared *risk factors* in the two disorders such as:

Trauma, grief, history of abuse, parental neglect or abandonment and parental substance abuse, common family history, low self-esteem, depression, anxiety or impulsivity; unhealthy peer norms and social pressures; susceptibility to messages from advertising and entertainment media

Shared characteristics between the disorders include:

Obsessive preoccupation with the disorder, experience of mood altering effects, social isolation, other psychiatric disorders, difficult to treat, life threatening, chronic with high relapse rates

Eating disorders manifest a variety of rituals, behaviors and rigid thinking patterns, similar to substance abuse. Both of the disorders generally begin as passive experimentation and those who go on to develop physical and psychological “dependence” are usually attempting to distract themselves from underlying problems. The same behaviors that are initially implemented to be “self-protective” end up being “self-destructive”.

It is important when evaluating for the presence of one disorder (i.e. substance abuse) that screening is implemented to rule out the other disorder, so that both may be addressed in the therapeutic treatment process.

**Ressier, A. MA, LMSW, CEDS (July/August 2008) *Insatiable Hungers: Eating Disorders and Substance Abuse, Social Work Today, Vol. 8 (4) p.30***

### —NEW STAFF INTRODUCTION—

As the newest member of the OMNI Behavioral Health Eating Disorders Program Team, I would like to take a moment to introduce myself. My name is Ida-Marie Hebrank, LICSW, LADC and I specialize in the areas of Addiction & Mental Health, or “co-occurring” disorders. I have 10 years experience working in this field including experience & interest in treating: Substance Abuse, Eating Disorders, Post-Traumatic Stress Disorder, Families of substance abusers, “Co-dependence”, Personality Disorders (Axis II), Relapse Prevention, Mood Disorders (Depression & Bi-Polar), Women’s Issues, Anger management, Anxiety and Panic Disorder. If you, or someone you know, could use help in any of these areas, please feel free to contact me.

**Ida-Marie Hebrank, LICSW, LADC**

## Eating Disorders Among College Students

Alex Cass, Intern

Eating Disorders are often seen as teenage “girl’s problem” and are not understood to be a problem among varying age groups. College students in particular are at risk for developing an Eating Disorder. Approximately 4% of the college population (including men) struggle with some type of disordered eating (Striegel-Moore, R. H., et al. 2006). The added stress of classes and the responsibilities of being an adult can push someone to engaging in an Eating Disorder or worsening a preexisting problem. Unhealthy eating patterns may start at an early age, but with the new-found independence and responsibility that comes with being a college student, these problems can quickly become full blown Eating Disorders. There is a lot of shame and secrecy involved in Eating Disorders and if not caught at an early age, these can develop into a lifelong battle.

**Striegel-Moore, R. H., Silberstein, L. R., Frensch, P. & Rodin, J. (2006). A prospective study of disordered eating among college students. *International Journal of Eating Disorder*.**

## Eating Disorders in Sports

Crystal Zabka, MS, RD, CSSD, LMNT



Nadia Comaneci

The prevalence of Eating Disorders in sports is rising. Eating Disorders do not discriminate for gender, age, sport or culture. As a Board Certified Specialist in Sports Dietetics with a dual background in exercise physiology and nutrition, I can guide athletes in promoting their optimal sports performance capacity. Body composition testing can provide direction for body fat and lean muscle goals in an effort to enhance performance. If you or a loved one is suffering from a sports-related disordered eating or exercise pattern or would like sports nutrition guidance, please contact me for more information.



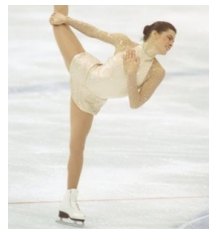
Franziska van Almsick



Martina Eberl



Stefan Zund



Nancy Kerrigan



Whitney Spannuth



Mia St. John



Laffit Pincay

## Body Image

Danielle Garrison, MS, PLMHP, NCC

### Tips for a Positive Body Image Summer:

It's summer time and there are so many fun activities, *why do I feel like I can't enjoy them?* Kick those summer body image blues out the door and replace them with healthy positive body image practices! Negative body image is derived from a distorted perception of your body shape, thoughts that you are a failure because you don't look a certain way, feeling ashamed or anxious about your body, and feeling uncomfortable or awkward in your body. Summer time can be especially difficult as the temperatures rise, more revealing clothing such as swimsuits, tank tops, and shorts are pulled out of the closet. Increase positive body image with these activities:

- ◆ Appreciate all that your body can do.
- ◆ Keep a top-10 list of things you like about yourself!
- ◆ Remind yourself that "true beauty" is not simply skin-deep.
- ◆ Look at yourself as a whole person.
- ◆ Surround yourself with positive people.
- ◆ Become a critical viewer of media messages.
- ◆ Wear clothes that are comfortable and that make you feel good about your body.

For more information on positive body image try [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org) keyword: body image.

## Insurance Coverage of Treatment

Diane Ingalise, BS

Coverage for an eating disorder falls under the mental health benefits of your insurance policy. Your insurance carrier may cover both your medical and mental health benefits, or may subcontract or “carve out” your mental health benefits to another carrier. We accept several private insurances such as Blue Cross Blue Shield, United Healthcare/carved out to United Behavioral Health (UBH), Midlands Choice, Aetna, Cigna/ carved out to Midlands Choice, Coventry/ carved out to MH Net, TriCare, as well as accepting Medicaid and self pay clients. All insurance plans differ according to the employer’s choice of plan coverage. Feel free to contact our office to have us check on your particular plan’s mental health coverage. We can only estimate what your insurance company may pay, for it is the insurance company that makes the final determination of your eligibility. Therefore, we also encourage you to check on your plan’s coverage, as you will have a copy of your complete insurance benefits manual provided by your employer.

Your insurance coverage is a contract between you and your insurance company. Insurance companies preface all calls with the disclaimer that they identify “potential benefits only...a quote of benefits is not a guarantee of payment. No decision is made until a claim is filed and has been processed. Benefits are determined by eligibility at the time of service, policy limitations, exclusions, deductibles and co-insurance amounts, co-pays, waiting periods, medical necessity”, etc. As a courtesy to you, we will submit claims to your insurance company, but we have no control over the outcome of an insurance review, and insurance payment is not guaranteed until your claim had been submitted to and processed by them.

Treatment for an eating disorder can cover a long period of time, so be sure to keep careful records of any communication you have had with your insurance company. Important things to note are the date you made the contact, the time of the call, the name and title of the person you talked with and their call back number. Keep careful notes of each conversation you may have, in case you may need to refer back to them in the future to assist with claim payment or any appeals determination.

## Cultural Issues & Media Influences

Stacy Davidson, Intern

Media in the United States often sends mixed messages to individuals about what is healthy and unhealthy for men and women in regards to their body image. According to the website, <http://www.something-fishy.org/cultural/themedia.php> the average model “maintains a weight at about 15 to 20 percent below what is considered healthy for her age and height. Some models go through plastic surgery, some are ‘taped-up’ to mold their bodies into more photogenic representations of themselves, and photos are airbrushed before going to print.” These expectations the media portray are unrealistic and unfair for the average woman to compare herself to and greatly influence the increase of eating disorders among women today. While the media often hires underweight women, they also pinpoint celebrities for being “too thin” or “too fat” and therefore sends mixed messages to society. Some other important facts about media and its influence on body image are: the average American is exposed to approximately 5,000 advertising messages per day (Alfreiter, Elzinga & Gordon, 2003), 60% of Caucasian middle school girls read at least one fashion magazine regularly (Levine 1997), women’s magazines had 10.5 times more advertisements and articles promoting weight loss than men’s magazines did (Guillen & Bar, 1994). If this is an area of interest some other resources to pursue for more information are:

**The Commonwealth Fund. (1997). In Their Own Words: Adolescent Girls Discuss Health and Health Care Issues.**

**Guillen & Barr. (1994). *Journal of Adolescent Health*, 15, 464-472.**

**Levine. (1997). Plenary Presentation at the Third Annual Eating Disorders on Campus Conference, Penn State University.**

**Aufreiter, N., Elzinga, D. & Gordon, J. (2003) Better Branding. *The McKinsey Quarterly*, 4.**

**Meyers et al. (1992). *Journal of Communication*, 42, 108 – 133.**

## Tips for Family & Friends

Jenee Perkins, BS

- ◆ **Acceptance** – A first reaction may be to think this occurred because of what you did or did not do or that you can easily fix this. Denial of the real problem doesn't help. Accept that your loved one has an eating disorder.
- ◆ **Don't play the blame game** – Your loved one does not want to hear arguing with other family members or friends about who is responsible for this situation. Eating disorders go far beyond simply eating or not eating. There are other emotional issues that are occurring. Placing blame may drive individuals further into isolation.
- ◆ **Be open to discuss their feelings** – Listen to what your loved one has to say even without judgment.
- ◆ **Allow professionals to treat your loved one**– They have dealt with eating disorders longer than you have and understand them. Follow their recommendations for helping your family member to heal and get on the road to recovery. You are not responsible for fixing your loved one.
- ◆ **Remove trigger foods from the house** – Trigger foods are ones that individuals have previously binged on or are tempted by. Implement healthy eating patterns for the entire family so your loved one doesn't feel singled out at meals or snacks.
- ◆ **Show compassion** –There is time to talk in therapy sessions. Show that you care about your family member or friend with a variety of forms of compassion, both verbal and non-verbal.
- ◆ **Recognize that the road ahead is tough** - Just like a drug or alcohol addiction, the affected person won't always want help or desire to get better. They can and may relapse. Allow them to recover at their own pace.
- ◆ **Learn to socialize without food** – Spend time as a family or with friends where food is not the focus. Get a pedicure, play a game, go to a movie or simply take a walk in the park.



## OMNI Behavioral Health

### *Eating Disorder Program*

**Chelsea Chesen, MD**  
Supervising Psychiatrist

**Audrey Wiener, PhD**  
Clinical Psychologist

**Mary Legino, PhD**  
Clinical Psychologist

**Kris Hess-Tevis, LIMHP, NCC, LPC**  
Chief Operating Officer

**Susan Feyen, LICSW**  
Director, OMNI Clinical Services

**Crystal Zabka, MS, RD, CSSD, LMNT**  
Director, Eating Disorder Program

Sports Dietitian, Medical Nutrition Therapist

**Cathy Andrews, MS, LMHP**  
Eating Disorder Therapist

**Ida-Marie Hebrank, LICSW, LADC**  
Eating Disorder Therapist

**Danielle Garrison, MS, PLMHP, NCC**  
Eating Disorder Therapist

**Amy O'Brien, RN**  
Registered Nurse

**Brandi Stalzer, BA**  
Day Program Specialist

**Jenee Perkins, BA**  
Day Program Specialist

**Diane Ingalise, BS**  
Officer Manager, Medical Receptionist