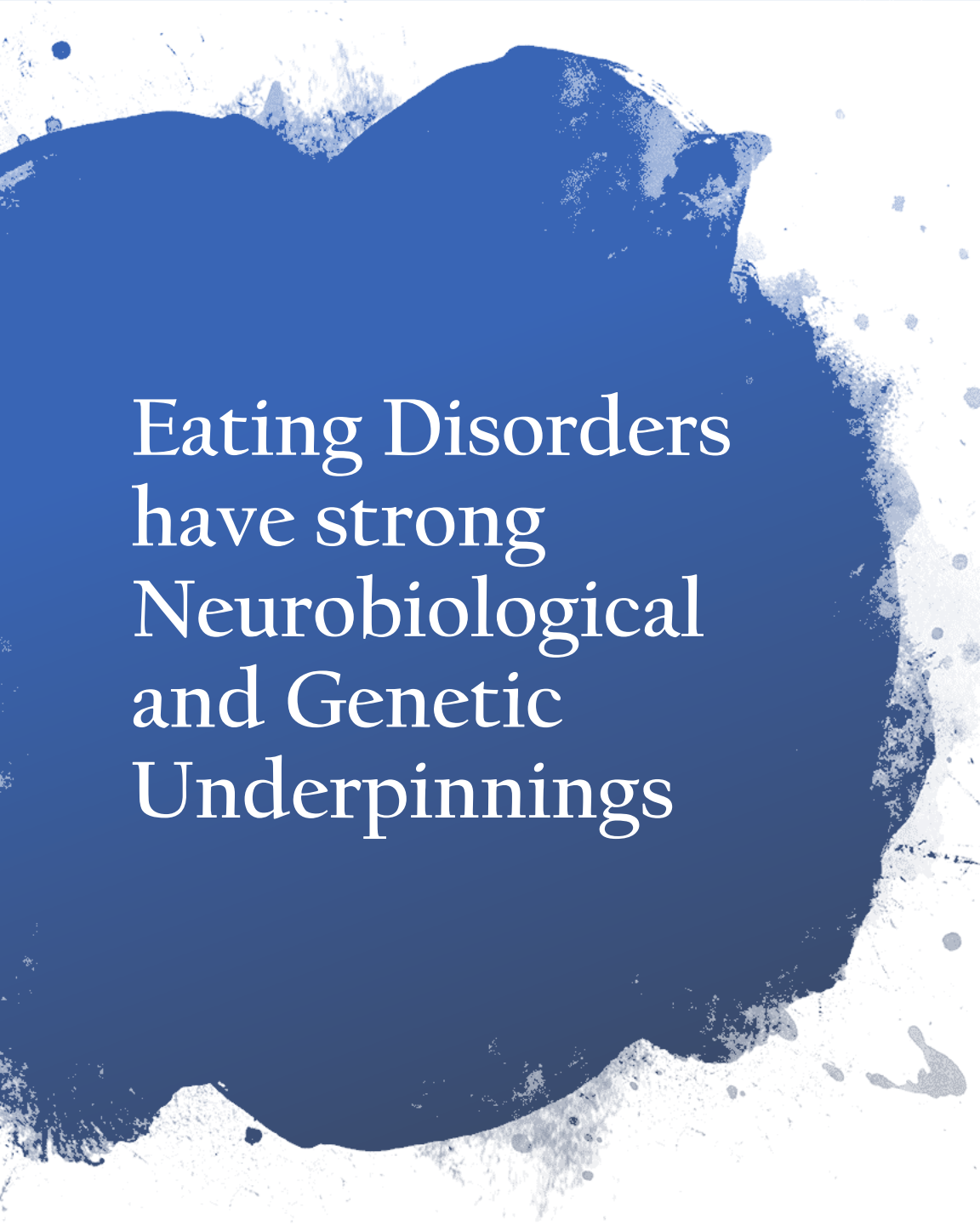


Why Family and Peers are Critical to Recovery



Kristina Saffran, Cofounder & CEO, Project HEAL





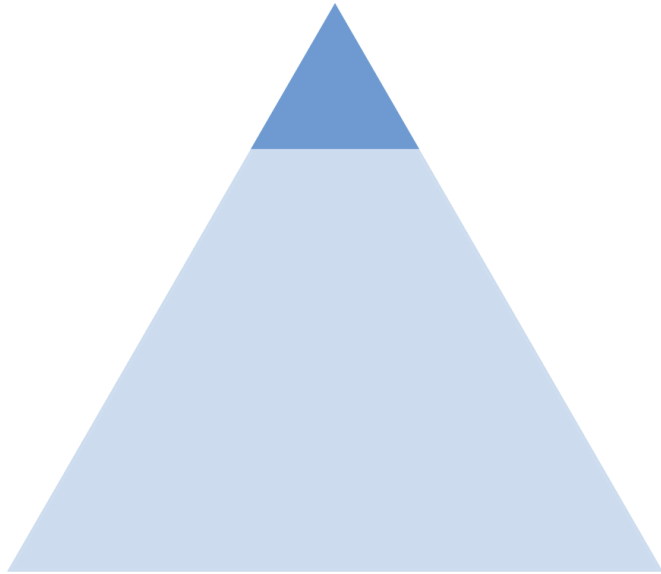
Eating Disorders have strong Neurobiological and Genetic Underpinnings

- Approximately 50 to 80% heritable risk, genes more powerful than culture
- Low motivation to reward; high sensitivity to punishment (always thinking about consequences)
- High inhibition and anticipatory anxiety
- Poor interoceptive awareness
- Eating produces anxiety; dietary restraint is calming
- Anosognosia – lack of awareness of illness, low motivation to recover

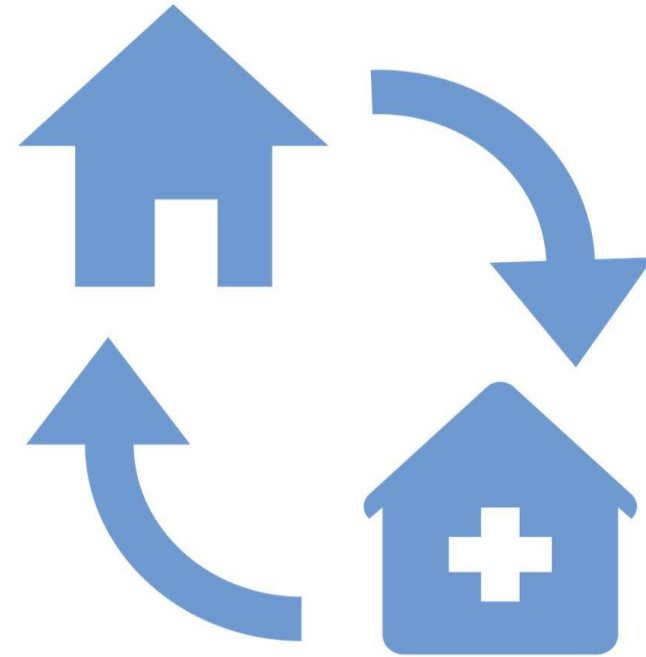


My Story

Our current treatment landscape is broken



Acute Care



Revolving Door



Family Based Treatment

- **Strongest evidence based approach for adolescents with eating disorders**
- **Empowers parents to take an active role in refeeding their child**
- Psychoeducation
- Weight restoration
- Return to normal eating behaviors
- Temperament-based skills training
- Behavioral contracting

Most adolescents are resistant to FBT, but greatly appreciate it in hindsight

In a recent study by the UCSD Eating Disorder Treatment Center, 28/29 adolescents has positive impressions of FBT after treatment:

- “I thought it was valuable, even though I was annoyed.”
- “I feel relieved. Even though it was an awkward transition at first, it helped in the long run because of how meaningful our relationship became and how much the support meant to me.”
- “They helped make sure I was eating my meals and they monitored everything, even when I didn't want to. They definitely were a big part in recovery.”
- “Looking back now, I'm glad my family was involved in my treatment because I was held accountable for my actions at home and was under constant supervision after and during meals. I'm also glad that they were present at UCSD because they were able to learn skills to help me and understood better how I was feeling and what I was working on in order to recover”



What got me to full recovery

Peer support!



Communities of HEALing



Alison's Recovery

I participated in Project HEAL's mentorship program as a mentee, 14 years after being diagnosed and starting my first inpatient treatment for bulimia. I can finally say I am recovered as a result of the guidance and support I received as a mentee in this program.

Every week my mentor was ready to help me tackle all the challenges I was facing. I heard her talk about her very full life — about work and school. I never heard her talk about her weight, or about what she ate or didn't eat. It became clear that there was just no room in her very full life to be worried about such trivial things, but that she still had the experience of having these things once be very important to her. She could empathize. And now she was on the other side, showing me what was possible. I could see that there was another way to live.

Before, I didn't ever truly had faith that a person could recover. I guess I didn't ever have a realistic picture in my head of what a recovered person would look like. Recovery seems a lot more doable when the model you strive to be is a real person. Recovery is diverse, beautifully imperfect, and graciously forgiving. That recovery is something I can live with forever."



JOIN A COMMUNITY OF HEALING

Learn more: bit.ly/ProjectHEALCOH

- 1:1 peer support delivered online
 - Family peer support program in development
- Support groups running in
 - NYC
 - Boston
 - SF
 - LA
 - Philadelphia
- Project HEAL also provides treatment scholarships, and helps people navigate their insurance

THANK YOU



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