Recovery from Sexual Trauma and Abuse

WINGS Foundation
Ali Vaughan Terry
David Jensen

CSA Statistics

- 1 in 4 girls is sexually abused before she turns 18
  - 89% by someone they know, either a relative or acquaintance
- 1 in 6 boys is sexually abused before he turns 18
  - 60% of boys are abused by someone they know
- Most abuse happens before the age of 12
  - The median age of abuse is nine-years-old & occurs, on average, over a 4 year period
- 90-95% of cases are never reported to the police
- At least 10% of people sexually abused in childhood will have periods of complete amnesia of their abuse, followed by experiences of delayed recall

Definitions

- **Sexual abuse** occurs when a person’s physical or emotional self is violated through sexual actions such as pornographic picture taking, indecent exposure, lewd comments, sexual innuendos, fondling or intercourse.

- **Childhood sexual abuse** occurs when the victim is under the age of 18, regardless of the age of the perpetrator or the relationship between the victim and the perpetrator.

Impact of Unresolved Trauma

- **Relational Consequences**
  - Attachment Disorders
  - Ongoing peer and intimate relationship struggles
  - Unhealthy boundaries with others
  - Unhealthy relationships

Unresolved Trauma con’t

- **Physical Consequences**
  - Chronic medical conditions, including:
    - Migraines
    - Gastrointestinal disorders
    - Fibromyalgia
    - Throat/mouth problems
  - Cognitive difficulties
  - Persistent arousal state/hypervigilance

- **Psychological Consequences** –
  - Guilt, shame, self-blame
  - Grief, depression, risk of suicide
  - PTSD
  - Dissociative Identity Disorder
  - Eating Disorders/Distorted Body Image
  - Sexuality issues
  - Difficulty regulating affective states

Unresolved Trauma con’t

(Wings & Friedrich, 1992)
Adverse Childhood Experiences (ACE) Study

- ACE Categories (ACE Score)
  - Emotional Abuse (by parents)
  - Physical Abuse (by parents)
  - Sexual Abuse (by anyone)
  - Emotional Neglect
  - Physical Neglect
  - Mother Treated Violently
  - Household Substance Abuse
  - Household Mental Illness
  - Parental Separation or Divorce
  - Incarcerated Household Member

Relationship Challenges

Interpersonal Violence

Drugs and Alcohol

Suicide Attempts

Coping or Self-Harm?

- The risk factors underlying these adult diseases (heart disease, substance abuse, liver disease, etc) are effective short-term coping skills (smoking, self-medication, weight gain, etc).

- Previously effective coping skills lose their utility and eventually become self-harming
Self Harm & Self-Medication

Coping and Relationship Skills

What can you do?
Challenges and Strategies

Challenges
Psychosocial
- Difficulty (mistrust or overdependence) with caregiver
- Fear of either being out of control or overly dependent
- Fear of medical/dental procedures
- Discomfort with touch
- Teen pregnancy or promiscuity
- Prostitution

Mental Health
- Dreams or nightmares
- Phobias of needles, vaginal exams, other invasive procedures
- Depression
- Anxiety
- Recall of childhood sexual abuse memories

Common Triggers
1. Control and loss of control
   - Self-control (crying out, struggling, resisting)
   - Restraint (being trapped, tied down, hooked up)
   - Control over what is done to her
2. Pain, injury, bodily damage, invasion
3. Dependency on partner, caregiver, doula
4. Mistrust of authority figures, strangers
5. Shame and being judged over body image, behavior, secretions, or "weakness"
6. Exposure (modesty, people staring, looking and feeling inside)

Strategies
"Would everything that I see, hear, and feel with this client seem more natural or understandable, and make more sense if she were in fact a childhood sexual abuse survivor?"

S/he has very good reason for:
- Feeling this way
- Behaving this way
- Saying these things
- Believing these things

“I may be the target, but I am not the reason.”
How to Respond

Always:
• Convey calm concern
• Acknowledge difficulty of disclosure
• Reinforce survivor’s control of disclosure process (if applicable)
• Acknowledge survivor’s feelings
• Assess survivor’s well-being

What to say?!?

When you do not have time to discuss it:
• “I’m very sorry.”
• “No one deserves to be treated that way.”
• “I’ll try to be especially mindful and sensitive. Will you let me know how I can help you feel more comfortable?”

When you DO have time to discuss it:
• “I’m glad you told me; you might discover some things during this process that reminds you in some way of your previous abuse.”
• “Would you like to talk about it?”

Contact Information

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Denver, CO 80227
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wing@wingstound.org
www.wingstound.org

Alison Vaughan Terry
Executive Director
execdirector@wingstound.org
Profile

- Developed a comprehensive technology plan designed to reduce organizational overhead.
- Managed multiple compliance programs for federal, state and local regulations.
- Established standardized procedures to improve efficiency and decrease overhead.
- Trained, supervised and evaluated staff, and developed staff training and evaluation materials.
- Integrated various stakeholder input into projects including advisory and community boards.
- Managed and developed over thirty advisors into goal-oriented, cohesive group.
- Managed volunteers and created feedback materials for interns and professors.

Education

- M.A. Organizational Management, The George Washington University, 2006 - GPA 3.95
- B.A.I.N. Conflict Analysis and Peace Studies, George Mason University, 2000 – GPA 3.52

Relevant Experience & Accomplishments

Project Management

- Managed $2.5 million project, resulting in continued funding for major initiatives.
- Managed multiple International Association of Chiefs of Police’s (IACP) projects, including collaboration with funding agencies, advisory committee and internal advisors.
- Ensured all projects complied with federal funding requirements.
- Wrote grants, secured over $3.75 million of funding and established IACP’s Enhancing Police Response to Victims Project.
- Reorganized struggling project, turning five month backlog into on-time delivery.
- Managed multiple projects producing annual overhead recapture of $72,000-234,000.
- Designed educational programs and conducted on-site events.
- Successfully managed and advised on multiple national-scope projects.
- Ensured all projects were managed according to federal and/or state financial and programmatic guidelines.

Business Strategy

- Developed a comprehensive technology plan designed to reduce organizational overhead.
- Managed multiple compliance programs for federal, state and local regulations.
- Developed and executed plans to re-position the company as a competitor in additional markets (governmental, competitive bidding).
- Established standardized procedures to improve efficiency and decrease overhead.

Personnel Management/Supervision

- Trained, supervised and evaluated staff, and developed staff training and evaluation materials.
- Managed and developed over thirty advisors into goal-oriented, cohesive group.
- Managed volunteers and created feedback materials for interns and professors.

Relevant Employment

Executive Director, WINGS Foundation, Denver, CO

- Responsible for overall management, planning, and leadership of the Wings Foundation
- Work with the Board of Directors, develop and implement the annual budget, manage fundraising efforts, recommend program goals and policy changes, implement policies, attend meetings, prepare program and financial reports, and assist in the recruitment of Board members.
- Explore funding sources, write funding proposals, develop funding plans, and prepare reports.
- Recruit, hire, and supervise staff including the development of staff goals, clinical supervision, and performance evaluation.
- Ensure quality, maintenance, and stability of Services for Survivors Program providing support to group members and crisis intervention counseling.
- Network with community and other organizations throughout Colorado via public speaking, media presentations, attending meetings, and attending and presenting workshops/seminars.
Consultant, Vaughan-Terry, LLC, Denver, CO 2006-present
Responsible for grant review, curriculum development, product review and training coordination activities.

- Served as a peer reviewer for the US Department of Justice Office for Victims of Crime and Bureau of Justice Assistance.
- Developed IACP’s Trainer Development Program on Violence Against Women curriculum, managed applicant solicitation and selection and coordinated on-site training activities.
- Managed the development of IACP Research Advisory Committee’s Law Enforcement survey, designed to determine the needs of the United States’ law enforcement community.
- Served as a staff facilitator for IACP’s Leadership Institute on Violence Against Women.
- Reviewed upcoming bulletin for the USDOJ’s Office for Victims of Crime.

Business Strategist, Performance Air Cooling, Denver, CO 2006-2011
Responsible for establishing new business processes to improve local construction company operations.

- Created profit sharing process for commission-based sales team.
- Developed safety program for reduction of insurance costs.
- Assisted in bidding private and public refrigeration construction contracts.
- Responsible for state and local business and contractor licensing.
- Developed compliance programs for federal, state and local regulations.
- Reconciled accounts receivable for local construction company.
- Developed and executed plans to re-position the company as a competitor in additional markets (governmental, competitive bidding).
- Designed an information technology plan to reduce redundant efforts and improve company efficiency.
- Codified operational policies to enhance accountability and clarify management expectations.
- Established standardized procedures for human resource processes, construction licensing and permitting, accounting and other business processes.
- Jointly responsible for payroll and human resource activities.

Project Manager, IACP’s Technology Technical Assistance Project, Alexandria, VA 2005-2006
Responsible for all aspects of strategic and operational work related to IACP’s Technology Technical Assistance Project (TTAP).

- Developed and articulated the strategic vision for IACP’s multi-million dollar Technology Technical Assistance Project
- Established priorities and determined critical tasks to simultaneously manage multiple IACP projects, including national summits, TTAP, and two victim service projects.
- Simultaneously managed program development for multiple national scope projects.
- Worked with various consultants to create a cohesive, professional image for project deliverables.
**Project Coordinator**, IACP’s Improving Police-Based Victim Services, *Alexandria, VA* 2002-2006

Responsible for repairing relationship with funding agency, getting the project back on track and developing future funding possibilities.

- Conducted training and product development duties including consultant requisition, travel logistics, expense tracking and on-site coordination of activities.
- Developed training and outreach strategies and programs for law enforcement agencies.
- Directed the development of cohesive, professional images for project deliverables.
- Employed extensive facilitation experience through small to medium group facilitation opportunities including national summits break outs, advisory committees and focus groups.
- Developed and distributed project deliverables (Critical Response newsletter, Backing the Badge educational booklet, customizable victim services web page) through new electronic mediums and traditional methods.
- Created innovative and quality technical assistance programs on topics such as death notification, elder abuse, grant-writing, etc.
- Developed a vision for future projects through integration of focus group results and technical assistance feedback, and suggested strategies to address field needs through phase III activities and strategic planning for future projects.
- Closed out IPBVS project, including a sustainability plan, archiving program files and developing a progress report designed to highlight victim service related activities from 1999-2005.
- Served as a national expert on multiple advisory boards: USDOJ’s Office for Victims of Crime Sexual Assault Video, US Office on Violence Against Women’s Sexual Assault Response Protocol, National Sheriff’s Association Victim Services Advisory Board, USDOJ’s National Institute of Justice Elder Abuse Advisory Board.

**Educational Specialist**, George Mason University, *Fairfax, VA* 1999-2002

Responsible for creating and implementing educational programs for GMU’s on-campus Sexual Assault Services.

- Served as the university liaison for community councils and organizations.
- Collected and analyzed data on quality of services and numbers of students served.
- Trained and supervised SAS interns and developed intern hiring process and procedure manual.

**Facilitator**, GMU Dialogue Project, *Fairfax, VA* 2001

Encouraged productive discussion around the topic of gender and the impact of gender on people in today’s society. Included both enticing stories as well as minor problem solving.

**Consultant**, Soros Foundation, *Bishkek, KYRGYZSTAN* 1999

Instructed a group of Kyrgyz high school peer educators on a variety of topics including active listening, communication skills, sex education and public speaking.

**Teaching Assistant for Violence and Gender Class**, George Mason University, *Fairfax, VA* 1998

- Assisted in planning and presenting bi-weekly classes
- Mentored teams of students through develop group projects
- Provided emotional support for the students


- Peer Companion: Provided support and information to student survivors
- Peer Educator: Presented a variety of topics to various groups and classes at George Mason University and surrounding high schools
- Intern: Provided office support as well as assisted in the planning, preparation and execution of various special events such as Turn off the Violence Week and Victims’ Rights Week
Additional Experience

Notary Public, State of Colorado (commission current) Denver, CO
Consultant, International Association of Chiefs of Police (current) Alexandria, VA
Dialogue Facilitator, George Mason University (2001) Fairfax, VA
Consultant, Soros Foundation (2001) Bishkek, KYRGYZSTAN
Teaching Assistant, George Mason University (1998) Fairfax, VA

Publications

Directed the development of, and contributed to, the following International Association of Chiefs of Police publications:

- IACP's Technology Desk Reference
- IACP's Backing the Badge: Working Effectively with Law Enforcement
- Critical Response Newsletter
- Law Enforcement and Victim Services: Next Steps - a white paper on the state of law enforcement and victim services in America

Additional Information

Programmatic Knowledge

- Business Accounting (Basic)
- Facilitation Training (Advanced)
- Managing Multiple Projects/Project Management (Advanced)
- Strategic Planning
- Personnel Management
- Adult Learning Theory

Deliverable Development

- Designing Brochures, Newsletters and Reports
- CD Development
- Effective Pre-Flight (Print materials)

Computer Programs

- MS Word (Advanced)
- MS PowerPoint (Advanced)
- MS Access (Intermediate)
- MS Excel (Intermediate)
- JobPower Accounting (Intermediate)
- MS Project (Beginner)

Community Involvement

Chair, Colorado VisWalk 2008, Foundation Fighting Blindness
Board Member 2008, Mile High Chapter, Foundation Fighting Blindness

References & Salary History

Available upon request
SUMMARY

David Jensen is survivor of childhood sexual, mental and physical abuse, which took place from infancy to age fifteen. David is the Board Chair of the WINGS Foundation, an organization providing support for adults who were sexually abused as children. David is an award-winning author, producer and director, producing health related films and videos. David has also worked in health care communications for the past sixteen years and specializes in coaching and teaching veterinarians and human health care professionals effective communication skills. David's recent work has focused on assisting medical professionals to further expand multidisciplinary care for cancer patients, tailoring care to the individual. This has caused David to reevaluate and tweak his own healing journey. David has shared his personal story of sexual abuse, past addictions and healing with many groups and at multiple conferences. David has also been featured on ABC and FOX television as well as other media outlets.

EMPLOYMENT

**Writer – Producer – Director – Public Speaker**
Brainstorm Warehouse LLC - Principal
Boulder, CO
Denver, CO
1987 – Present

**CENTER FOR THE ADVANCEMENT OF PROFESSIONAL EXCELLENCE**
University Of Colorado Medical School
Communications Specialist
1997 - Present

EDUCATION

University Of Colorado, Boulder, CO
1987 Graduate – BA Communications
Identify key signs and symptoms that may signal the presence of an eating disorder. Describe an approach to the evaluation of a patient with a suspected eating disorder. Review medical complications commonly associated with eating disorders. Identify potentially life-threatening complications of eating disorders. Discuss management of eating disorders and their complications in the acute care setting.

Why do eating disorders matter in the emergency department???

- Psychiatric comorbidities
  - Mood and anxiety disorders
  - Substance abuse
  - Obsessive Compulsive Disorder
  - Suicide
  - Medical complications
  - Mortality rates
  - Opportunity to intervene

The Prevalence and Correlates of Eating Disorders Among Emergency Department Patients Aged 14-20 Years

- 16% screened positive for an eating disorder
- Significant associations with depression and substance abuse

<table>
<thead>
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<th>Condition</th>
<th>SMR</th>
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<tbody>
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*Suicide Standardized Mortality Ratio

Increased prevalence in adolescents and young adults
- Third most common chronic illness in these age groups
- Estimated 14% of all adolescents
- 7-21% of primary care and general populations
- Increased utilization of all healthcare services
- Increased emergency department visits in eating disorder patients who eventually died from their illness (Crow, 2009)

Increased mortality
- 10% in Anorexia Nervosa

Impact of Eating Disorders

Mortality from Suicide

Suicide Standardized Mortality Ratio

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Condition SMR
Anorexia Nervosa 32.4
Major Depressive Disorder 27.8
Alcohol Abuse 18.2
Schizophrenia 8.0
**Epidemiology of Eating Disorders**

- Age – onset in adolescents or young adults
- Gender – females > males
- Minorities = Caucasians
- High risk groups:
  - Athletes
  - Ballet, gymnastics, running, wrestling, body-building
  - Type I Diabetes Mellitus
  - Post-bariatric surgery patients

**Prevalence and Types of Eating Disorders**

- Anorexia Nervosa (AN)
  - Lifetime prevalence – 0.5 – 1.0%
  - Refusal to maintain body weight and intense fear of gaining weight or becoming fat
- Bulimia Nervosa (BN)
  - Lifetime prevalence – 1-3%
  - Recurrent episodes of binge eating and inappropriate compensatory behavior (purging)
- Eating Disorder Not Otherwise Specified (EDNOS)
  - Lifetime prevalence - 3.3% - 10.6%
  - Binge Eating Disorder (BED)
  - Recurrent episodes of binge eating without compensatory behaviors

**Signs and Symptoms of Eating Disorders**

- Common presenting complaints:
  - Headache
  - Mood changes
  - Sore throat
  - Dizziness/syncope
  - Palpitations
  - Fatigue/generalized weakness
  - Sports-related or overuse injuries
  - Gastrointestinal (GI) complaints - indigestion, abdominal pain, bloating, constipation, and hematemeses

**Constitutional (General) Symptoms**

- Marked weight loss, gain or fluctuations in weight
- Failure to gain/grow as expected in child or adolescent
- Cold intolerance
- Weakness
- Fatigue

**Oral and Facial Symptoms**

- Oral trauma
- Dental erosion/caries
- Parotid gland enlargement
- Perimyolysis
- Cheilosis
- Sore throat
- Red eyes

**Cardiovascular Complications**

- Arrhythmias
  - Sinus bradycardia
  - Heart rate less than 60 beats per minute (bpm)
  - Adaptive response to starvation
  - Be aware of relative tachycardia – a “normal” heart rate in someone with a normally low heart rate
- ECG changes
  - Low voltage tracings
  - Right axis deviation
  - Nonspecific ST-T changes
  - U waves
  - Conduction disturbances
  - QT prolongation
**Sudden Cardiac Death**

- Sudden unexplained death due to cessation of heart function
- Cause is not always clear – can be associated with prolonged QT and/or QT dispersion
- Likely multifactorial
  - Electrolyte abnormalities
  - Arrhythmias
  - Heart muscle loss
  - Dehydration

**Cardiovascular Complications**

- Hypotension – BP < 90/60 mmHg (age-dependent)
- Dehydration
- Structural changes to the heart
- Autonomic dysfunction
- Orthostasis - excess change in heart rate and/or blood pressure with change in position
  - Heart rate increases > 15 bpm
  - Blood pressure decreases > 20/10 mmHg
  - Patients complain of dizziness or “blackouts” on standing

**Cardiovascular Complications**

- Edema - multiple causes
  - Malnutrition (protein deficiency)
  - Excess fluid intake (water loading)
  - Withdrawal from diuretics
  - Decreased cardiac function
  - Refeeding
  - Stasis (decreased activity)
- Mitral valve prolapse
  - Atrophy of left ventricular wall
  - Increased risk of arrhythmias
- Pericardial effusion
  - Usually small and asymptomatic

**Cardiovascular Complications**

- Emetine cardiomyopathy
- Syrup of ipecac
- Cardiotoxic alkaloids - cephalin and emetine
- Accumulates in muscle tissue
- Causes irreversible damage to the heart muscle resulting in arrhythmias, valve abnormalities, cardiomegaly, decreased heart function and can lead to heart failure and death
- Present with shortness of breath, fatigue, decreased exercise tolerance, lower extremity swelling
- No antidotes

**Pulmonary Complications**

- Patients complain of:
  - Shortness of breath
  - Decreased exercise tolerance
  - Cough
  - Chest pain
- Causes:
  - Aspiration pneumonia
  - Pneumothorax, pneumomediastinum
  - COPD due to decreased surfactant
  - Respiratory insufficiency or failure

**Gastrointestinal Complications**

- Very common presenting complaints
  - Abdominal pain/indigestion
  - Bloating
  - Constipation
  - Hematemesis
  - Acid-related
    - Gastroesophageal reflux
    - Esophageal spasm
  - Slowing of entire GI tract
  - Delayed stomach emptying
  - Constipation
  - Hemorrhoids
  - Trauma
  - Esophageal tears
**Gastrointestinal Complications**

- Boerhaave’s Syndrome
- Cathartic colon syndrome
- Acute gastric dilatation/gastric rupture
- Acute hepatitis
- Fulminant hepatic failure
- Pancreatitis
- Superior mesenteric artery (SMA) syndrome
- Biliary colic and/or cholecystitis

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**Metabolic and Electrolyte Abnormalities**

- Hypokalemia
  - Suspect purging behaviors if more than mildly decreased
- Mild (1.0-3.5 mEq/L) - oral potassium supplementation
  - 200-200 mEq/L for each 0.5-1.0 mEq/L deficit in serum potassium
- Moderate (2.5-3.0 mEq/L) - admit, IVF (50-75 cc/hr for 1-2L) and potassium supplementation
  - Must correct magnesium
- Severe (<2.5mEq/L) – MUST be admitted with cardiac monitoring
  - Predisposes to fatal cardiac arrhythmias
  - Must correct any concurrent hypochloremic metabolic alkalosis

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**Metabolic and Electrolyte Abnormalities**

- Hyponatremia
- Hypochloremia
- Hypocalcemia
- Hypomagnesemia
- Micronutrient deficiencies
- Hypophosphatemia
- Metabolic alkalosis
  - Serum bicarbonate of > 38 is highly suggestive of self-induced vomiting
- Renal dysfunction
- Hypothermia

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**Endocrine Complications**

- Euthyroid Sick Syndrome
- Hypoglycemia
- Hyperglycemia
  - “Diabulimia”
  - Poor glucose control
- Recurrent diabetic ketoacidosis (DKA)
- High incidence of long term complications of diabetes
- Suicide by insulin overdose
- Treatment of DKA - IV fluids, electrolyte replacement and insulin

*** Avoid overly aggressive fluid resuscitation***

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**Neurologic Complications**

- Cerebral atrophy and ventricular enlargement
- Cognitive impairment - decreased concentration and memory loss
  - Decreased concentration, memory loss, visual-spatial deficits
  - May not fully recover
- Peripheral neuropathies
- Seizures

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**Dermatologic and Hematologic Complications**

- Lanugo hair
- Alopecia – hair loss
- Carotenoderma – yellowing of skin
- Brittle nails
- Dry, itchy skin
- Poor wound healing
- Acrocyanosis – bluish discoloration of skin
- Russell’s sign – callouses on back of hand
- Iron deficiency anemia
- Pancytopenia – decreased production
- Decreased inflammatory response (↓ ESR)

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**Acrocyanosis**

- Bluish discoloration of skin
**Guide to the Eating Disorder Patient’s Medicine Cabinet**

- Laxatives
- Diuretics
- Stimulants
- Alcohol
- Illicit drugs
- Psychotropic medications

**Emergency Department Recognition of Occult Eating Disorders**

- Maintain a high index of suspicion
- Recognize high risk patient
- Recognize signs and symptoms consistent with an eating disorder
- ASK!!!
  - Prognosis improved by early diagnosis and treatment
  - Low rates of self-disclosure
  - Less than 1/3 of BN patients asked about disordered eating by PCP (Mond, 2010)
  - 90% would disclose if asked (Becker, 2005)

**Evaluation**

- Thorough history and physical examination
- Laboratory studies
  - Complete blood count
  - Electrolytes including magnesium and phosphorus
  - Kidney and liver function tests
  - Thyroid function tests
  - UA
  - Pregnancy test (if applicable)
- ECG
- Other studies as indicated
  - Chest x-ray
  - Echocardiography
  - Assess suicide risk

**Emergency Department Management**

- Supportive, non-judgmental stance
- Involve family members and significant others
- Recognize and treat all potentially life threatening abnormalities
- Standard management of most acute medical complications
- Ensure adequate follow up care
- Refer for appropriate specialty care
- Provide eating disorder-specific resources – local and online
  - Academy for Eating Disorders (www.aedweb.org)
  - National Eating Disorders Association (www.neda.com)
  - ED Referral (www.EDReferral.com)

**Determining Disposition**

- Hospital Admission vs Close Outpatient Follow Up
  - Hemodynamic instability
  - Heart rate < 60 bpm
  - Orthostasis
  - Electrolyte abnormalities
  - ECG abnormalities
  - Serious medical complications
  - Suicide risk
  - Reliability/Support

**Take Home Points**

- Eating Disorders are serious mental illnesses that have high rates of comorbidity and mortality.
- Emergency department visits represent an excellent “teachable moment” and an opportunity for early recognition and referral.
- Use IV fluids cautiously in eating disorder patients.
  - ***Avoid overly aggressive fluid resuscitation***
- Contact info: sldh@umich.edu

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University of Michigan Health System
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Ann Arbor MI, 48109-5305
Phone: (734) 763-1271
e-mail: sldh@umich.edu

Education and Training


Sept. 2007 – June 2008 Medical Education Scholar’s Program, University of Michigan (Ann Arbor, MI)

June 2001 – June 2007 University of Michigan/St. Joseph Mercy Hospital Emergency Medicine Residency Program (Ann Arbor, MI)

Aug. 1997 – June 2001 Northwestern University Medical School, Doctor of Medicine (Chicago, IL)

1991-1992 College of St. Francis, Bachelor in Science - Biology Major (Joliet, IL),

1988-1991 Mundelein College (Chicago, IL)

1979-1983 Joliet West High School (Joliet, IL)

Certification and Licensure

2008 American Board of Emergency Medicine certification

Academic, Administrative, and Clinical Appointments

Academic Appointments:

Sept 2010 – present Clinical Assistant Professor, Emergency Medicine, University of Michigan, Ann Arbor, Michigan

July 2007- Sept 2010 Clinical Instructor, Emergency Medicine, University of Michigan, Ann Arbor, Michigan
Administrative Appointments:

Dec. 2011- present  Medical Director, The Center for Eating Disorders, Ann Arbor, Michigan
Mar. 2011- present  Research Director, The Center for Eating Disorders, Ann Arbor, Michigan
July 2007- Mar. 2012  Assistant Director of Medical Student Education, Emergency Medicine, University of Michigan Medical School, Ann Arbor, Michigan
July 2009- present  Director of Medical Simulation, Emergency Medicine Residency, University of Michigan.
July 2007- July 2009  Co-Director of Medical Simulation for the University of Michigan’s Emergency Medicine Residency Program
Oct. 2008- July 2009  Department Coordinator for DerM-ED – a joint telemedicine referral program with the Department of Dermatology

Clinical Appointments:

April 2012- present  Medical Consultant, The Eating Disorder Recovery Program, St. Joseph Mercy Hospital, Ann Arbor, Michigan.
July 2011- present  Medical Specialist/Staff Physician, The Center for Eating Disorders, Ann Arbor, Michigan
July 2007- present  Attending Physician, Emergency Medicine, University of Michigan Health System, Ann Arbor, Michigan
July 2007-Oct. 2008  Staff Physician, Emergency Medicine, Foote Hospital, Jackson, Michigan

Grants

May 2012  Co-Principal Investigator, Project U-SHAPE; University Study of Habits, Attitudes, and Perceptions around Eating. Funded by the Global Foundation for Eating Disorders, LLC.
May 2010  Faculty Development Fund Award from University of Michigan Center for Research on Learning and Teaching – grant for further development of medical student elective, “Applied Clinical Anatomy: Emergency Medical Procedures.”

Honors and Awards

2010-2011  Named one of the Top Teaching Faculty for medical students in the Department of Emergency Medicine, University of Michigan
June 2011  Best Clinical Pearls, Best Overall Award, 2011 SAEM Medical Photography Exhibit
March 2011  Best Faculty Abstract, Council of Residency Directors 2011 Academic Assembly Research Forum
July 2009 & 2010  Helping Hands Award
2008-2009  Named one of the Top Teaching Faculty for medical students in the Department of Emergency Medicine, University of Michigan
2007-2008  Named one of Top 5 Teaching Faculty for medical students in the Department of Emergency Medicine, University of Michigan
2004  Named one of Top 5 Teaching Residents (UM/SJMH Residency)
1997-2001  Dean’s List – Mundelein College, College of St. Francis
1989  Freshman Chemistry Award – Mundelein College
1988-1991  Leadership Award – Mundelein College

Memberships in Professional Societies

2009-present  AED: Academy for Eating Disorders
2011-present  BEDA: Binge Eating Disorder Association
2007-present  SSiH: Society for Simulation in Healthcare
2001-present  AAEM: American Academy of Emergency Medicine
2001-present  SAEM: Society of Academic Emergency Medicine
2007-present  CDEM: Clerkship Directors in Emergency Medicine
2008-present  SAEM Simulation Academy
2009-present  CORD: Council of Residency Directors
2001-present  ACEP: American College of Emergency Physicians

Committee, Organizational, and Volunteer Service

Institutional

Oct. 2010-May 2012  Institutional Self-Study for Liaison Committee on Medical Education visit, Educational Programs Subcommittee member.
May 2010-present  Clinical Simulation Center Steering Committee member
June 2008-Sept 2010  Co-advisor for Emergency Medicine Interest Group. Department of Emergency Medicine, University of Michigan Health System
2008-2009  University of Michigan Department of Emergency Medicine 10-year Anniversary Planning Committee
Sept. 2006-2008  University of Michigan Emergency Residency Program Recruiting Committee – resident member
2004-2006  Emergency Medicine Medical Student Education Taskforce - resident member

Extramural

Oct. 2011-present  Binge Eating Disorder Association Board of Directors Member
June 2011-present  SAEM Simulation Academy Executive Committee - At Large Board Member
February 2009  Medical Mission - volunteer service in Puerto San Jose, Guatemala, HELPS International
Editorial Positions, Peer Review


May 2010-present  Book Reviewer, *Journal of the American Medical Association*

Jan 2010 – present  Society for Simulation in Healthcare Emergency Medicine Special Interest Group Website Editor

June 2010-present  Invited peer reviewer, *Academic Emergency Medicine*

Visiting Professorships, Seminars, and Extramural Invited Presentations

Extramural Invited Presentations


December 2011  “Acute Care of Eating Disorder Patients” presented at the 2nd annual Update on Behavioral Emergencies Conference sponsored by the American Association for Emergency Psychiatry in Las Vegas, Nevada.


May 2012  Workshop facilitator for “Principles of Medical Photography and the Use of Clinical Images in Medical Education,” Presented at SAEM Annual Meeting, Chicago, IL.


May 2012  Workshop facilitator for “Evidence-based learning and assessment workshop: articles that will change your educational practice.” Presented at SAEM Annual Meeting, Chicago, IL.

June 2011  Workshop facilitator for “Evidence-based learning and assessment workshop: articles that will change your educational practice.” SAEM Annual Meeting, Boston, MA.


May 28-June 1, 2008  Member of the technical expertise discussion group for the Society of Academic Emergency Medicine (SAEM) Consensus Conference on Simulation, Washington, DC.
Bibliography

Peer-Reviewed Publications


Non-Peer-Reviewed Publications

Book Chapters


Books