

## STAFF FEATURE

**Scott K. Bullock, MSW-LISW, CEDS**

Lindner Center of HOPE, Clinical Director and Family Therapist Child/Adolescent Services, Harold C. Schott Foundation Eating Disorders Program Clinical Consultant, Cincinnati Children's Hospital and Medical Center at The Lindner Center of HOPE University of Cincinnati, Department of Psychiatry and Behavioral Neuroscience, Adjunct Instructor

Mr. Bullock is a skilled individual, group, and family therapist with 23 years of experience in the treatment of adolescents and adults.

Since joining Lindner Center of HOPE, Mr. Bullock has played an active role helping the team develop a standardized, consistent approach to the treatment of eating disorder patients in an acute inpatient psychiatric setting. He serves as the eating disorders Clinical Director of Child and Adolescent services and helps determine the most appropriate level of care for treatment of each new patient to the team. He also leads the psychotherapy efforts for adolescents with eating disorders, providing Family Based Therapy to patients receiving inpatient, partial hospitalization and outpatient care.

Mr. Bullock is a member of AED (Academy of Eating Disorders) and a supporter of the Maudsley Parent organization. He has obtained his certification in FBT therapy, from the Train2Treat Eating Disorder Institute

based out of the University of Chicago and Stanford University. Mr. Bullock is one of only two people in the state of Ohio that has this certification and the only professional in the tri-state region. Mr. Bullock is active in community education with a goal to heighten awareness in the tri-state area about the mortality and morbidity of Eating Disorders. Optimal effective care of Eating Disorders is provided in our patient's own community where they have to face the stressors of everyday living.

He is the founder of Proximi Recovery Eating Disorder Program (PREP), designed to meet the daily needs of families with an adolescent (ages 12-17) struggling with an eating disorder through home, school and community assistance from a trained therapist.

Prior to joining the Lindner Center of HOPE, he served ten years at Cincinnati Children's Hospital, working as a Psychiatric Social

Worker on the inpatient units, providing consultation to the medical floors and working in the Emergency Department providing psychiatric evaluations. The last two years were spent as a Medical Social Worker in the Endocrinology Department. Key to both positions was assessment of patients and collaboration with physicians and community resources. Mr. Bullock's other experience includes serving as a Community Professor for the School of Social Work at The Ohio State University and Private Practice Therapist for McGrath Adolescent and Family Center. In addition, he has served in the roles of child and adolescent outpatient therapist, school-based therapist, and in-home family therapist. He has also received specialized training at Philadelphia Child Guidance Center and at Western Psychiatric Institute and Clinic. The areas of focus included Structural, Strategic and Systems approach to Family Therapy.

**Lindner Center of HOPE Sponsors CincyStorytellers: Addiction and Recovery**

Lindner Center of HOPE is sponsoring CincyStorytellers: Addiction and recovery – a night of live storytelling Wednesday, November 16, 2016 starting at 7 p.m. at The Carnegie in Covington, Kentucky.

All storytellers who will take the mic have one thing in common – they have stories to share from waging their battle against the heroin epidemic in our region.

The sponsorship of this event by Lindner Center of HOPE means that there is no cost for tickets, but they must be reserved in advance. Tickets are available at: [tickets.cincinnati.com/e/cincystorytellers-addiction-and-recovery](http://tickets.cincinnati.com/e/cincystorytellers-addiction-and-recovery).

Doors open at 6 p.m. Storytelling begins at 7 p.m. *Light refreshments will be available for purchase.*

[www.lindnercenterofhope.org](http://www.lindnercenterofhope.org)

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# The Source

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PSYCHIATRY AND PSYCHOLOGY NEWS FOR MENTAL HEALTH PROFESSIONALS

OCTOBER 2016



## Events

### November 1

**Grand Rounds: Paul Houser, M.D. presents Medical Complications in the treatment of Eating Disorders: What every clinician needs to know Noon, Lindner Center of HOPE, Gymnasium/Conference Center**

### November 2-5

**Independent Educational Consultant Association Conference in New Orleans**

### November 12

**Ohio Psychological Association Transgender Conference, 8 a.m. - 4 p.m., Lindner Center of HOPE Gymnasium/Conference Center**

### November 16

**CincyStorytellers: Addiction and Recovery, 7 - 9 p.m., The Carnegie, Covington, KY**

### November 19

**International Survivors of Suicide Loss Day**

### November 24

**National Family Health History Day (Don't forget Mental Health.)**

## Patient Satisfaction

Patient Satisfaction results for September 2016 averaged a rating of **4.73 out of 5**, with 5 signifying the best possible care.



## Addressing Obesity in Psychiatric Patients

By **Nicole Mori, RN, MSN, APRN-BC**

Research Advanced Practice Nurse, Research Institute at Lindner Center of HOPE

Obesity, defined as a body mass index (BMI)  $\geq 30$  mg/kg, remains one of the main contributors to preventable disease and health care costs. It is also associated with increased risk for Type 2 diabetes, cardiovascular disease, and some cancers, in addition to lower quality of life and functional impairment. Patients with psychiatric illness are 50 percent more likely to be obese than the general population. The higher rates of obesity are contributing directly and indirectly to the marked reduction in life expectancy among those with mental illness. In addition to being an important medical comorbidity, obesity has been associated with a more severe course of psychiatric illness, lower health-related quality of life, poor self-esteem, stigma, and discrimination. Obesity, like mental illness, is a complex, chronic condition requiring long term management. The treatment of overweight psychiatric patients poses unique challenges and both the psychiatric illness and the weight problem must be targets for treatment in order to achieve optimal outcomes.

The strong relationship between obesity and psychiatric illness is evidenced by the high prevalence of obesity among drug-naïve patients. Commonly-occurring symptoms such as psychomotor retardation, inactivity, hypersomnia, increased appetite, and hyperphagia are thought to contribute to weight gain. Furthermore, binge eating behavior, eating unusually large amounts of food with a sense of loss of control over eating, is very common in people with psychiatric illness. Binge eating behavior is a risk factor for obesity, and when present in psychiatrically ill people, is associated with greater psychiatric and medical morbidity.

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Lastly, treatment with most mood stabilizers, antipsychotics, and some antidepressants is associated with significant weight gain, which renders them less acceptable to patients and leads to discontinuation.

Weight management poses unique challenges to psychiatric patients. As we have seen, both the behaviors associated with psychiatric illness and the use of certain psychotropic medications, contribute to weight gain. In addition, the symptoms and cognitive deficits associated with mental illness are a barrier to participation in behavioral weight loss interventions. Finally, the use of most weight control drugs is limited by their psychiatric side effects and their interactions with psychotropic medications. Obesity and excessive weight gain place a disproportionate burden on psychiatric patients' health, complicate adherence to treatment, and reduce quality of life. Treatment of psychiatric illness needs to include weight management strategies and a greater integration of behavioral and medical care.

Clinicians can help improve outcomes by maintaining a focus on both the psychiatric condition and the weight problem when treating this population. First of all, regular monitoring of psychiatric symptoms should be accompanied by monitoring of weight, BMI, vital signs as well as metabolic lab parameters (e.g., lipids and glucose). Assessing for binge eating behavior or an eating disorder is important because additional referrals and greater integration of behavioral and medical care may be indicated for patients with disordered eating.

Prescribers can mitigate weight gain associated with psychotropic medications by selecting medications with lower potential for weight and metabolic disturbances whenever possible. Knowledge of the pharmacology of obesity and eating disorders is helpful in guiding treatment choices and avoiding adverse events. Some FDA-approved weight-loss agents have antidepressant effects,

and some off-label adjunctive medications may be beneficial to depressed patients who binge eat. Treating mental health patients with FDA-approved weight-loss drugs requires caution due to the potential effects on psychiatric symptoms as well as drug-drug interactions. For instance, in treating patients with bipolar disorder, medications with lower risk for mood de-stabilization should be used and most medications should be avoided in patients with hypomanic, manic or mixed symptoms.

Although new weight-loss medications have come to market in recent years, there is no research to inform their use in mental health patients. Clinical trials typically exclude people with a psychiatric illness and those taking psychotropic medication. Research to find effective weight-control medications that are safe for this population is greatly needed.

#### REFERENCES

Allison, D. B., Newcomer, J. W., Dunn, A. L., Blumenthal, J. A., Fabricatore, A. N., Daumit, G. L., ... & Alpert, J. E. (2009). Obesity among those with mental disorders: a National Institute of Mental Health meeting report. *American journal of preventive medicine*, 36(4), 341-350.

McElroy, S. L., Crow, S., Biernacka, J. M., Winham, S., Geske, J., Barboza, A. B. C., ... & Frye, M. A. (2013). Clinical phenotype of bipolar disorder with comorbid binge eating disorder. *Journal of affective disorders*, 150(3), 981-986.

McElroy, S. L., Guerdjikova, A. I., Mori, N., & Keck Jr, P. E. (2016). Managing Comorbid Obesity and Depression through Clinical Pharmacotherapies. *Expert Opinion on Pharmacotherapy*, (just-accepted).

The Research Institute at the Lindner Center of HOPE is conducting a 40 week, placebo-controlled study of liraglutide, a novel weight loss agent, in patients with bipolar disorder with a BMI  $\geq 30$  or with a weight-related medical comorbidity and a BMI  $\geq 27$ . For additional information, contact Anna Guerdjikova @ (513) 536-0721. Anna.guerdjikova@lindnercenter.org

## New Program To Offer Intensive Assistance to Families With An Adolescent Struggling With Eating Disorders

Parents of adolescents (ages 12 to 17) struggling with Anorexia Nervosa or Bulimia Nervosa are often on a difficult journey as they attempt to care for their child. This journey can often cause parents to question their parenting and their ability to successfully help their loved one. The **Proximi Recovery Eating Disorder Program (PREP)** is uniquely designed to meet the daily needs of these struggling families through home, school and community assistance from a trained therapist.

Evidence-based research indicates that Family Based Therapy (Maudsley) is the most-effective first-line treatment for adolescents fighting an eating disorder (EDO). This type of therapy works to keep the family unit together. PREP provides committed families access to a therapist every day of the week to provide consultation, education, training and support through a combination of office visits, phone calls and in-home and family meal sessions. This program will allow the therapist to join the family as a consultant in the battle against the eating disorder, while empowering parents to manage authentic situations that arise. This intensive 24-week program includes:

- Initial 2-hour evaluation
- Initial 1-hour nutrition assessment and meal planning with registered dietitian
- One 50-minute office-session per week with the therapist
- One 1.5 to 2 hour in-home mealtime session per week
- One 50-minute in-school or in-community mealtime session per week
- One daily phone consultation with parents ( 5 to 10 minutes a day, up to 60 minutes weekly)
- One 30-minute follow-up registered dietitian session per month (5 sessions total)
- As warranted, consultation/collaboration with all pertinent patient care providers (ie primary care physician, psychiatrist, school personnel, dietitian, or other specialists)
- A protocol pamphlet and other education materials and assignments
- Pre and post testing to measure change
- Post program follow up sessions, three 30-minute sessions at 6, 12 and 18 months post –program
- Assistance in obtaining follow-up services in traditional outpatient therapy, if needed

The **Proximi Recovery Eating Disorder Program** provides comprehensive EDO treatment that involves every core component of the adolescent and family's life. This private-pay program is intended to answer the quest for support from those families feeling at a loss when their adolescent is discharged to home amidst a pattern of revolving doors between admissions and discharges. With proper education and training, families can work together to prevent readmissions and successfully manage the eating disorder in the home.

**For more information or to schedule an initial evaluation, call Scott K. Bullock, MSW, LISW-S, CEDS, PREP Founder and Therapist at (513) 536-0724.**

## Lindner Center of HOPE Professional Associates to Open Rapid Access Service This Winter

A barrier to the delivery of quality mental health care services is the lack of rapid access to service. Wait list times to see an outpatient psychiatrist for an initial session can exceed 12 weeks or more, leaving patients and families in need of treatment in urgent situations with few alternatives for care.

Lindner Center of HOPE Professional Associates Rapid Access Services (RAS) is an outpatient service for patients 18 and older open Tuesday, Wednesday and Thursday afternoons from 1 to 4 p.m. beginning the winter of 2016/2017. This service will enable patients in need to have a scheduled appointment, within days of the call. The appointment includes a thorough outpatient assessment with a psychiatrist and social worker, a care plan, recommendations with referrals and a written after-visit summary. In addition, up to three subsequent bridge appointments may be scheduled with the psychiatrist. RAS will enable patients to quickly get outpatient help with symptoms and concerns.

**Call (513) 536-0639 for an appointment. Opening this Winter.**

### Initial Appointment, scheduled for 2.5 hours

- 30-minute visit with social worker
- 30-minute screening completion
- 45-minute meeting with psychiatrist
- 45-minute development of plan of care and recommendations and review of those recommendations
- After-visit summary

Fee: \$565 including deposit (Patients are required to make a \$100 non-refundable deposit when they schedule the initial appointment.)

### Bridge Appointments

- Provides continuity of care
- Scheduled with psychiatrist
- Up to three may be scheduled
- Not restricted to RAS time, but rather mutually agreeable time for psychiatrist and patient

Fee: \$290 per appointment

RAS is a private-pay service and does not accept insurance.

**Call (513) 536-0639 for an appointment. Opening this Winter.**