

Working Together as a Team:

The importance of a team in the treatment of Eating Disorders

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Eating Disorders: A Bio-Psycho-Social Model

- ED: a Bio-Psycho-Social Model
 - Biological/medical
 - Psychological/emotional
 - Social/cultural/interpersonal
- ED: a multi-faceted problem requires a multi-faceted treatment approach

A Multidisciplinary Approach to Treatment

- A Multidisciplinary Team Approach to treatment of eating disorders:
 - Associated with increased treatment effectiveness
 - Recommended "Best Practices" within the field

Treatment Team Members

- Medical care: Physician
 - Medical assessment, and
 - Ongoing medical management
- Psychotherapy: Mental Health Therapist
- Nutrition therapy: Registered Dietitian

Other Members of the Treatment Team

- Other medical professionals: dentistry, gynecology, endocrinology, and gastroenterology
- Psychiatrist
- Experiential therapist for adjunct therapies: e.g.: art therapy, music therapy, yoga, massage therapy, drama therapy, equine therapy, etc.
- Coaches, teachers, and counselors
- Professional, paraprofessional or peer support group facilitators

Treatment Team

- Each team member has central and critical role in providing a comprehensive treatment
- Close on-going consultation and coordination of care
- Recommendation and decision making as a team

Case Presentation

- Emily is a 19 year old college freshman home on Christmas break
- Always been a good student, but finds college very challenging
- She has lost 35 pounds since starting school in August
- No past history of eating disorders

Case Presentation

- Emily recognizes that she is underweight and believes she can go back to school and turn this around on her own and gain weight
- Parents are tearful and very worried about her health and want her to stay home and regain health
- Parents feel confused and frustrated because she is eating very little despite saying she wants to gain weight
- Parents asking you what to do to make her eat more

MEDICAL

Goals

- Rule OUT an eating disorder
- Look for medical complications from weight loss and malnutrition
- Address any medical complications
- Help to compile a treatment team
- Coordinate the treatment team

Initial Assessment

- History
 - School was stressful and there wasn't enough time to eat
 - Denies wanting to lose weight
 - Denies bingeing/purging/exercising
- Review of systems (positives)
 - Dizzy
 - Cold
 - Fatigued
 - Trouble with sleep

Initial Assessment

- Vital Signs:
 - Height: 5'2"
 - Weight: 70# (last weight from growth chart was 110#)
 - Temp: 98.2
 - Pulse: Lying:52, Standing: 85
 - BP: Lying: 98/50, Standing 92/47
 - LMP: 10/2/2010

Initial Assessment

- Exam (positives):
 - General: Thin, pale female
 - Heart: Slow heart rate and cold bluish extremities
 - Abdomen: Full loops of bowel (constipation)
 - Skin/Hair: Thinning hair and bruises on back
- Labs
 - Blood count, Hormones, Salts in the blood, Liver and kidney function
- Studies
 - EKG
 - DEXA

Recommendations

- Discuss medical risks and recommendations
 - Heart, Bones, Brain, Internal Organs
 - No exercise, need to improve nutritional status
- Set up treatment team
 - Therapist, Dietitian, Physician (at minimum)
- Arrange team meeting after everyone has met with the patient and her family
 - Should she go back to school?
 - Treatment recommendations

PSYCHOLOGICAL

Initial Assessment

- 1 to 3 sessions to evaluate
 - General clinical interview
 - Eating Disorder Examination (EDE)
 - Self-report assessment measures (EDQ, STAI, BDI)
- Releases of Information
 - MD, parents, school social worker
- Weekly height and weight
 - Blind
 - Post-void
 - No shoes, emptied pockets, etc.

Treatment Plan

- Recommend to take the semester off
- Begin family-based treatment ("Maudsley Method")
- Referral to carer support (FEAST/ATDT)
- Referral for individual
- Referral for psychiatric evaluation, if needed
- Referral for RD (if needed/requested)
- Weekly communication with team members

* Chen et al. (2010). A Case Series of Family-Based Therapy for Weight Restoration in Young Adults with Anorexia Nervosa. *J Contemp Psychother*, 40, 219-224.

Family-Based Treatment: Maudsley Method

- Developed at the Maudsley Hospital in London
- Three Phases, 16-20 Sessions, 6-12 months
 - ✦ Phase I: Weight Restoration (steady weight gain; collaborate on how to achieve goals)
 - ✦ Phase II: Negotiating New Patterns & Returning Control over Eating to EDI
 - ✦ Phase III: Establishing Healthy Identity & Relationship

Continued Care & Relapse Prevention

- Recovery Signs
 - healthy weight maintenance, improved bone density, variety & flexibility in food choices, absence of compensatory behaviors, getting back to life, improved body image, improved attitude
- Relapse Prevention Plan
 - Ongoing process; identify triggers, ID skills, support
 - One hour, one day is a lapse/signal; relapse is a continued pattern
- Contingency Contract
 - Collaborative
 - For example, transfer to new school near home if...
- Create team for client at school
 - MD, 1:1, RD, support groups, scheduled check-ins

NUTRITIONAL

Assessment

- Consult with the doctor and therapist
- Assess Patient
 - Current and past intake
 - R/O- laxative, diuretic, alcohol, drug use
 - Weight history
 - Caffeine and supplement use
 - Other related E.D. behavior
 - Readiness/level motivation

Goals

- Primary Goal
 - Weight Restoration
- Secondary Goals
 - Nutritional intake improved
 - Increased variety
 - Weight Maintenance
 - Correcting cognitive distortions

- Energy intake during re-feeding must achieve a compromise between the need to restore weight and normal nutrition as quickly as possible and the patient's physical and psychological ability to tolerate eating

- Rate of increase in intake depends on patient's ability and level of support and supervision.
- Amount food given is limited at first and increased slowly
- Re-feeding or Re-nourishment is necessary for recovery
- Eating is not optional



- Use small frequent meals
- Gradually work to increase fiber intake
- Will use/recommend liquid supplements to help patient increase calorie intake more easily
- Increase level of support to 2x weekly for first few weeks