The Role of Behavioral Health Treatment for Clients with Eating Disorders

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Goals

- Describe criteria of and goals for all levels of care for eating disorder treatment
- Identify targets for behavioral interventions
- Identify how evidence-based eating disorder interventions can be adapted for use in a short-term treatment model
- List strategies to assist with co-occurring disorders
- Explain how to navigate and refer clients to higher levels of care
- Discuss care coordination strategies for bi-directional eating disorder referrals between primary care and behavioral health

Early Detection is Key!

- Patients rarely present directly for ED care
- Routine PCP or mental health for screening
  - Leveraging existing relationship
  - Identifying concerns in group settings
- Early diagnosis and treatment = better prognosis

Screening for Eating Disorders

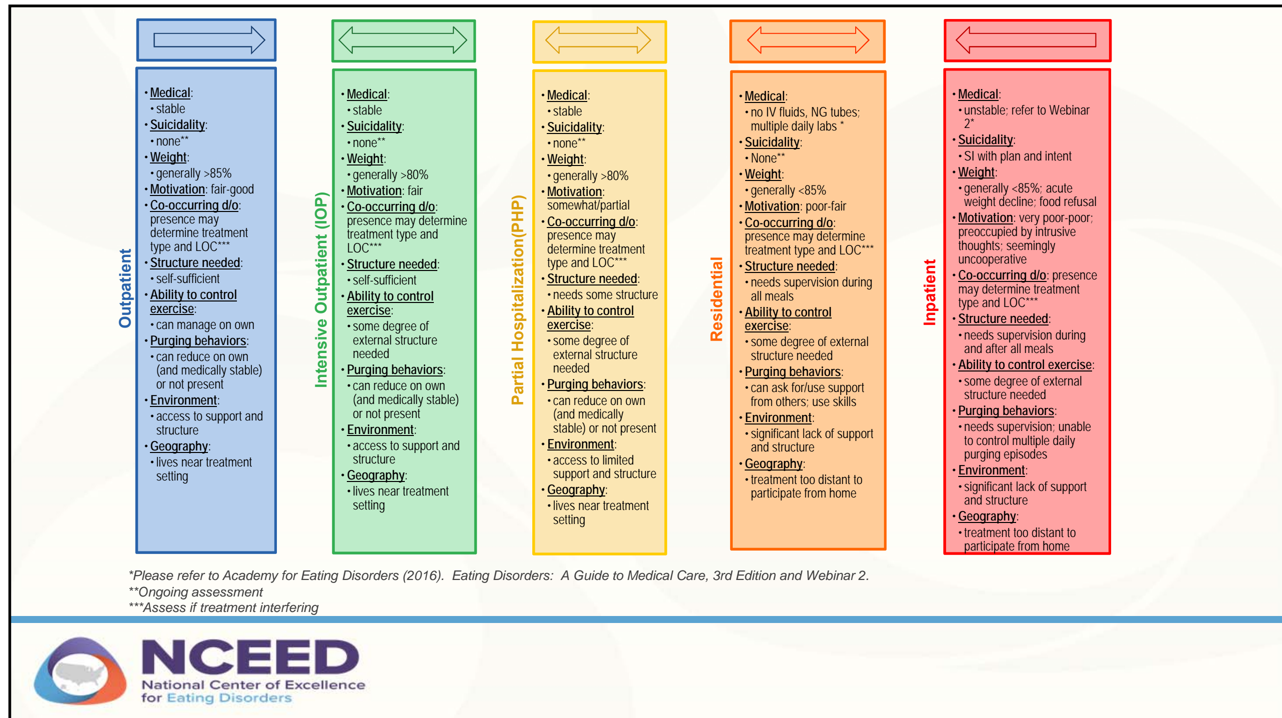
- SCOFF
- Binge-Eating Disorder-7
- Eating Disorders Inventory-2
- NEDA Screener (https://www.nationaleatingdisorders.org/screening-tool)

Diagnosing Eating Disorders

- Diagnostic assessment:
  - Clinical interview
  - Eating Disorders Examination (EDE)
  - Structured Clinical Interview for DSM-5
  - EDE Questionnaire (PhenX Toolkit)

Treatment Overview

- Considerations
  - Medical stability
  - Need for/amount of weight restoration
  - Need for symptom interruption
  - Age
  - Family involvement
  - Level of care



Higher Level of Care: Challenges

- Parental resistance to higher levels of care
- Student schedules
- Potential need for out-of-state-care
- Bed availability
- Insurance coverage
- Providers not utilizing evidence-based practice

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Structural Barriers to Treatment

- Lack of specialist therapists
- Lack of evidence-based care
- Poor dissemination of evidence-based intervention
- Limited insurance coverage

Targets of Treatment

- MEDICAL STABILIZATION
  - Management of acute and chronic medical comorbidities and complications
  - Includes resumption of menses (where appropriate)
- NUTRITIONAL REHABILITATION
  - Weight restoration
  - Restore meal patterns that promote health and social connections
- NORMALIZATION OF EATING BEHAVIOR
  - Cessation of restrictive or binge eating and/or purging behaviors
  - Elimination of disordered or ritualistic eating behaviors
- PSYCHOSOCIAL STABILIZATION
  - Evaluation and treatment of any comorbid psychological diagnoses
  - Re-establishment of appropriate social engagement
  - Improvement in psychological symptoms associated with ED
  - Improved body image

**AED (2016). Eating Disorders: A Guide to Medical Care, 3rd Ed.*

Treatment Overview

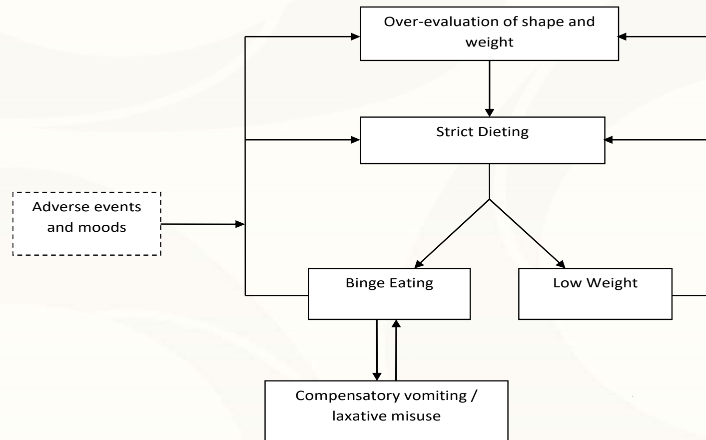
- Empirically supported options:
  - **Enhanced cognitive-behavioral therapy (CBT-E)****
  - **Family-based treatment (FBT)****
  - Dialectical behavior therapy
  - Acceptance Commitment Therapy

Treatment overview does not equate to training (marked **)

Why CBT-E?

- Theory-driven and evidence-based
- Suitable for a wide range of adult patients
  - "Transdiagnostic" in its scope
  - Designed for "complex patients"
- Experienced as acceptable to patients
- Tailored to specific eating problem and needs
- Scalability of treatment duration
- Manualized, 20-session treatment

Transdiagnostic Formulation



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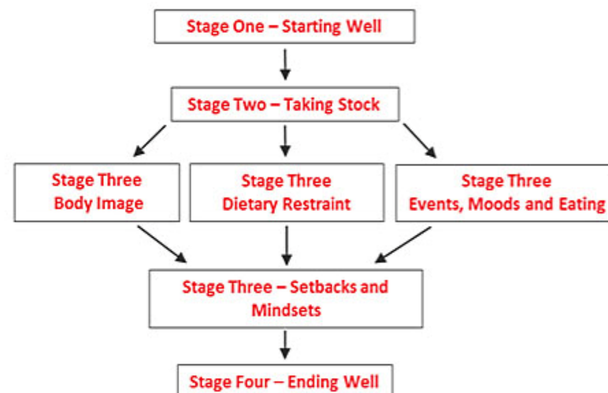
Stages of Treatment



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Stage 1
(Sessions 1-8)

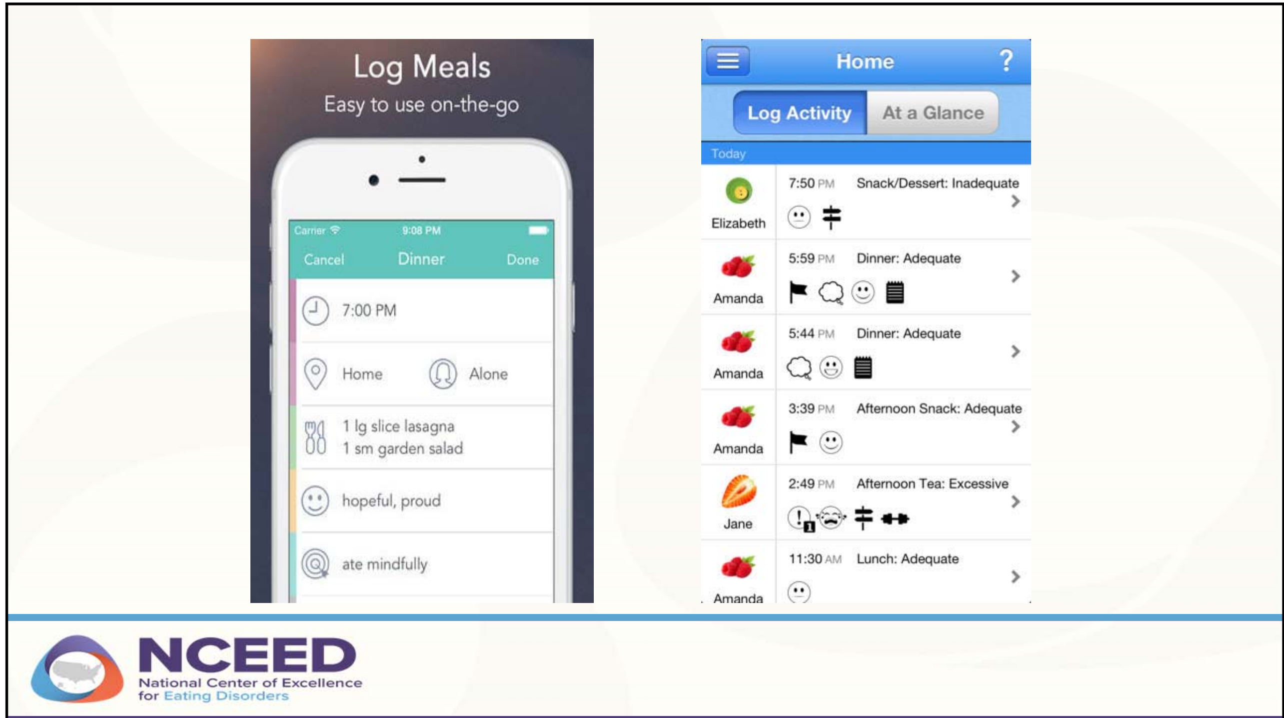
- Sessions 2x/week
- Establish therapeutic relationship
  - Non-judgmental stance
  - Usual aspects of a good therapist
  - Show expertise
  - Establish trust
- **Establish weekly weighing**
- Educate re: weight and eating
- **Prescribe regular eating patterns**

Self-Monitoring

DAILY FOOD RECORD

NAME________________ DAY__________ DATE__________

TIME	FOOD AND LIQUID CONSUMED	PLACE	MEAL (M) SNACK (S) BINGE (B) PURGE (V, L)	CIRCUMSTANCES
10:00	2 cups coffee with skim milk & equal half a bagel	on way to class	M	rushing, but feel okay - in control
1:00	1 pear	room	S	
7:30	large bag potato chips large blueberry muffin bag M & m's salad 4 slices bread 2 cereal bars peanut butter & jelly sandwich	room	B V	Just got in from class; hungry and anxious; feeling depressed and hopeless - why do I keep doing this to myself? I had tried so hard to be good about eating
11:00	3 slices bread 15 graham crackers raisins 1/4 jar peanut butter	room	B V	automatic - time of day already binged & purged earlier- still depressed; out of control
1:00am	15 pretzels 6oz. Orange juice	room	S	reading; felt empty after purges


Log Meals
Easy to use on-the-go
Cancel
Dinner
Done
7:00 PM
Home
Alone
1 lg slice lasagna
1 sm garden salad
hopeful, proud
ate mindfully
Home
Log Activity
At a Glance
Today
Elizabeth
7:50 PM Snack/Dessert: Inadequate
Amanda
5:59 PM Dinner: Adequate
Amanda
5:44 PM Dinner: Adequate
Amanda
3:39 PM Afternoon Snack: Adequate
Jane
2:49 PM Afternoon Tea: Excessive
Amanda
11:30 AM Lunch: Adequate
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Regular Weigh-Ins
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Stage 2
(Sessions 9-10)

- Sessions 1x/week
- **Conduct joint review of progress**
- **Identify barriers to change**
- Review the formulation
- Design Stage 3

Stage 3
(Session 11-18)

- Sessions 1x/week
- **Primary components**
  - **Shape and weight concerns**
  - **Dietary restraint**
  - **Events, moods, eating**

Stage 4
(Sessions 19-20)

- Sessions 1x/weekly
- **Address concerns about ending treatment**
- Short-term maintenance plan
- Phase out self-monitoring and start at-home weighing
- **Plan for dealing with setbacks**
  - **Identifying strategies**
  - **Realistic expectations**
  - **"Lapse" vs "relapse"**
- Long-term maintenance plan

Why Family-Based Therapy (FBT)?

- Outpatient intervention
- Appropriate for children and adolescents living at home who are "medically stable"
- **Primary goals:**
  - **Weight restoration/symptom reduction**
  - **Restore adolescent's developmental status**
- May involve brief hospitalizations to resolve medical concerns
- Manualized, 20-session treatment

FBT Treatment Style

- Parents lead the team
  - Appropriate control or “leadership position”
  - Parental control/leadership ultimately relinquished
  - **Parent empowerment critical to treatment**
- Therapist stance
  - Active but not authoritative
  - Collaborative
  - Trust for caregivers is conveyed through therapeutic stance

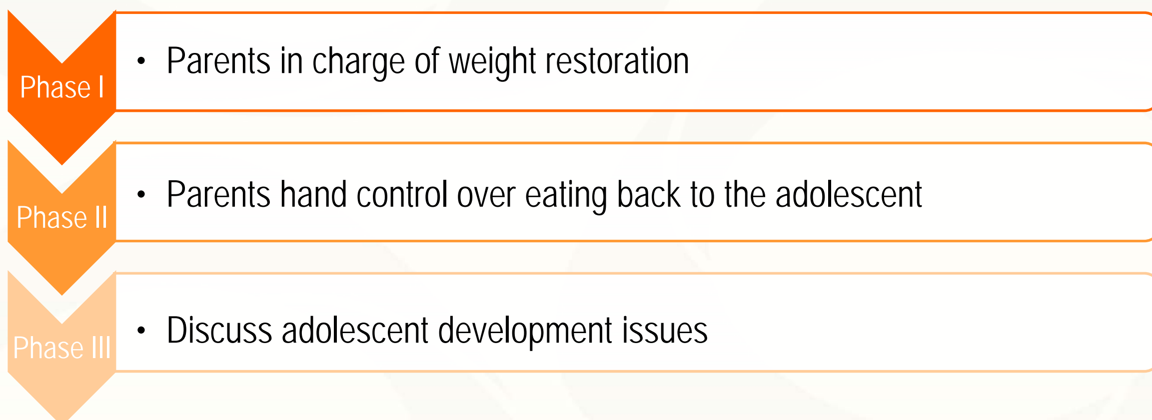
FBT Treatment Style (Cont’d)

- ED Conceptualization
  - Agnostic view of cause of illness
  - The child is not the same as his/her eating disorder
  - Behavioral change must occur first
  - Food is medicine

FBT versus Traditional Family Therapy

- ED ≠ expression of family dysfunction
  - ED = illness
  - Family = solution
- Limited addressing of problematic family patterns
- Consultation with interdisciplinary team
- “Family” = anyone involved with caring for/feeding the patient

Phases of FBT



Phase I, Session 1

Goals:
- Engage the family
- Assess how the eating disorder affects the family
- Assess family functioning coalitions, conflicts, etc.
- Reduce parental blame

Interventions:
- Greet family in “sincere but grave” manner
- Create a “family story”
- Circular questioning
- Separate illness from patient
- Create intense scene concerning eating disorder
- Charging parents with the task of weight restoration

Phase I, Session 2: The Family Meal

Goals:
- Assess family structure
- Provide opportunity for parents to succeed in refeeding
- Assess family processes during eating

Interventions:
- Weigh the patient
- Observe patterns around eating, learning about food prep, food serving, meal times
- “One more bite”
- Align patient with siblings for support

Remainder of Phase I

(Sessions 3 – 10)

Goals:
- Keep family focused on eating disorder
- Help parents take charge of their child's eating
- Mobilizing sibling support for patient

Interventions:
- Weigh patient
- Focus discussion on food and eating
- Support parental dyad, modify criticism toward patient, externalize illness
- Help family to evaluate efforts of sibling support

Guidelines for Transition to Phase II

- Weight is at minimum of ~95% EBW
- Patient eats without significant struggle
- Parents report feeling empowered to manage the illness

Phase II
(Sessions 11 - 16)

Goals:
- Maintain parental management until patient can gain or maintain weight independently
- Transfer food/weight control to adolescent
- Explore developmental issues

Interventions:
- Weigh patient
- Assist parents in managing eating disorder and shifting control to patient
- Assist siblings in supportive role
- Highlight differences between patient's own needs and those of eating disorder

Guidelines for Transition to Phase III

- Weight is maintained at ~95% EBW
- Patient no longer engaging in eating disorder behaviors

Phase III

(Sessions 17 – 20)

Goals:
- Revise parent-child relationship in accordance with remission of eating disorder
- Review and problem-solve re: adolescent issues
- Terminate treatment

Interventions:
- Review normal adolescent development; establish that patient is back on age-appropriate trajectory
- Model problem-solving behavior
- Check parent relationship as a couple
- Discuss fear of/plan for relapse

Using EBP in a Short-Term Model

- Collaborative work with psychotherapy, nutrition, and medical monitoring to ready patient for treatment
- Introducing key concepts for evidence-based treatments
  - Collaborative weight checks*
  - Regular eating pattern and self-monitoring (adults)
  - Family in charge of refeeding (adolescents)
  - Externalize eating disorder (separate patient from ED)
  - Ongoing review of treatment goals (e.g., weight gain, behavior stabilization, symptom interruption)
  - Continue to enhance motivation
  - College contracts if needed
  - Involve family/support system

Stepped Care Approaches

- Technological advancements
  - Telehealth
  - Mobile apps
- Self-help interventions
- Establishing an inroad
  - Nutrition, PCP

Mobile App

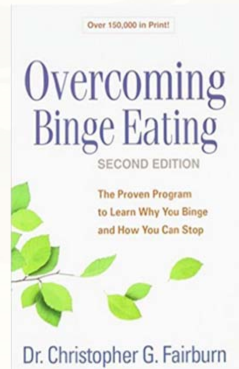
TakeControl®

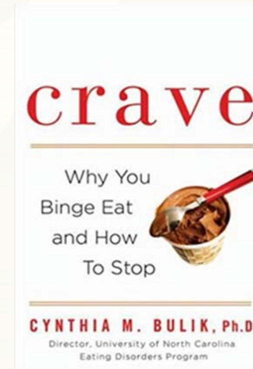
www.itakecontrolbinge.com

iTakeControl puts YOU in Control

iTakeControl is a tool that empowers users to manage their binge eating. It is a tool that provides a self-guided program based on proven principles of therapy.

Self-Help Resources



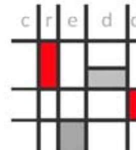


CBT-E Training

credo

Centre for Research on Eating Disorders at Oxford (CREDO)

- CREDO and its work
- Research on eating disorders
- Research on treatment dissemination
- Enhanced CBT (CBT-E)
- CBTe - a new digital treatment for binge eating
- "Overcoming Binge Eating"
- Publications, measures, lectures and workshops
- Financial support and donations
- *Obtaining digital treatment or digital training*



https://www.credo-oxford.com

FBT Training

TRAINING INSTITUTE
FOR CHILD AND ADOLESCENT EATING DISORDERS

MISSION

The purpose of the Institute is to disseminate evidence based treatments for child and adolescent eating disorders. No current strategies are available for clinicians wishing to have such training in a systematic and quality-controlled manner. In addition, the Institute will help provide both insurers and families with information about family based treatment and the skills mastered by clinicians.

The Institute provides several levels of training for interested clinicians.

UPCOMING WORKSHOP

Our next workshop will be in the Bay Area in late February/early March 2019. Details available soon; please check back.

*Individuals are only eligible for the trainee rate if they are a current student enrolled in a mental health related graduate program, post-doctoral fellowship, or in the process of getting licensed (e.g. LSW to LCSW). Provide

http://train2treat4ed.com

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LATEST NEWS more

6/30/2018
JULY 1 2018 news: Log in directly to the F.E.A.S.T. forum

6/12/2018
Thanking Belinda Caldwell

F.E.A.S.T.'s Principles:
F.E.A.S.T. is committed to a coalition-building model of advocacy work that requires mutual respect among caregivers, professionals, and patients.

Exciting news: as of July 1, 2018 you can access the F.E.A.S.T. online forum directly:

CLICK aroundthedinnertable.org HERE

www.feast-ed.org

AED Webinars and Tweetchats

https://www.aedweb.org/aed-events/events-calendar/webinars
https://www.aedweb.org/aed-events/events-calendar/twitter-chats

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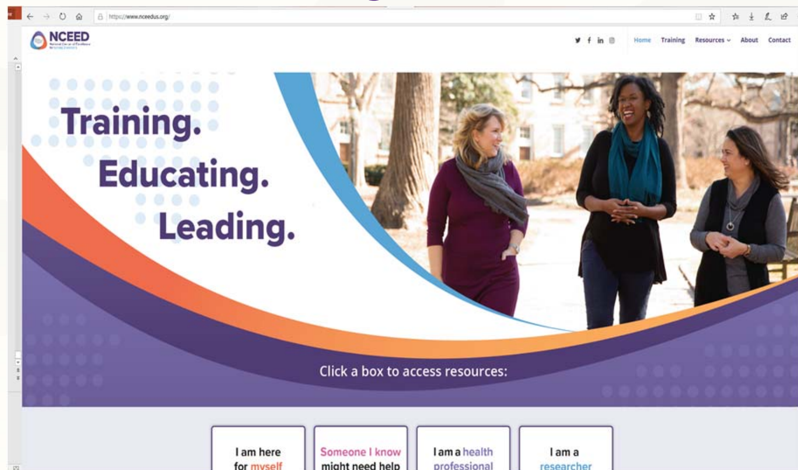

https://www.nceedus.org/

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Questions