Campuses Collaborating for Eating Disorder Recovery:
Establishing Eating Disorders Treatment Teams, Guidelines, and Referral Practices for Providers in Educational Settings

Second Edition

Casey N. Tallent, Ph.D.
National Collegiate Outreach Director
Eating Recovery Center
402-613-7613 | casey.tallent@EatingRecovery.com
The power of our approach is matched only by the dedication to our patients.

Discover what more than 20,000 patients already know – lasting recovery is possible and worth it.

One person dies from an eating disorder nearly every hour*. To tackle that statistic, Eating Recovery Center is working on multiple fronts. In addition to the hands-on care every patient deserves, we also support families, conduct research and educate the public about this often fatal mental illness – all to achieve positive outcomes and lasting recovery. If you think someone under your care is suffering from an eating disorder, don’t let another hour tick by.

For a free confidential assessment by a Masters-level clinician, call 1-877-700-1925 or visit www.eatingrecovery.com.

*Eating Disorders Coalition; Facts About Eating Disorders: What The Research Shows
Eating Recovery Center, a national center providing the full spectrum of eating disorder treatment to adults, adolescents, children and families, is grateful to all of the educational providers who provide support and treatment to students struggling with disordered eating, eating disorders and body image issues. Our compassionate experts understand the challenging context in which you are providing care on campus, which can often be characterized by large student populations, growing demand for services and limited treatment resources.

In an effort to support dedicated providers like you in the continued delivery of exceptional eating disorder care on campus, Eating Recovery Center’s National Collegiate Outreach Director, Casey Tallent, PhD, assists professionals in educational settings to 1) identify students struggling with eating disorders and body image issues, 2) establish multi-disciplinary eating disorders treatment teams, and 3) develop guidelines for treatment and referral practices. In many cases, development of treatment guidelines and referral practices can be helpful in achieving these objectives. In general, treatment guidelines will thoughtfully address:

- Common barriers to identification and treatment
- Available on-campus treatment resources
- Opportunities for collaboration with community providers
- Policies and procedures related to student treatment and recovery needs
- Retention strategies for students struggling with eating disorders

The second edition of this guide includes updated statistics, tips on creating a treatment team, tips on presenting clients to a multidisciplinary treatment team, and responses to student code of conduct changes. This guide outlines the importance of providing eating disorders treatment at educational institutions, as well as best practices for developing and implementing treatment guidelines and referral procedures on campus. If you would like additional guidance on establishing treatment guidelines and referral practices at your college or university, Dr. Tallent can be reached at 402-613-7613 or ctallent@eatingrecoverycenter.com.

Casey Tallent, PhD, National Collegiate Outreach Director
Eating Recovery Center and Partner Programs

Dr. Tallent focuses on outreach to colleges, universities, high schools, boarding schools and educational consultants. Before joining Eating Recovery Center, she was the Eating Disorder Treatment Team Coordinator at University of Nebraska – Lincoln’s Counseling and Psychological Services. During her tenure at University of Nebraska, Dr. Tallent provided counseling to students, coordinated the university’s multidisciplinary eating disorders treatment team, created policies and procedures on assessing risk level and providing treatment recommendations, as well as planned, executed and presented at a variety of outreach events. She also taught in the Counseling Psychology Doctoral Program at UNL and served on the University Health Center Medical Staff Committee, the Counseling Psychology Program Committee and the Campus High Risk Behaviors Taskforce. Dr. Tallent earned her BA and Master’s degree in Counseling from University of Missouri-Kansas City, and her PhD in Counseling Psychology from University of Nebraska-Lincoln.
Why Treat Students with Eating Disorders?

Eating disorders are complex illnesses that occur commonly on college and university campuses, impacting all genders, sexual orientations, races and ethnicities. The following statistics underscore the need for a uniform, collaborative approach to identifying and treating eating disorders in students.

- In the United States, 20 million women and 10 million men will suffer from a clinically significant eating disorder during their lifetime. (Wade, Keski-Rahkonen & Hudson, 2011)
- 95 percent of eating disorders develop between the ages of 12 and 25. (SAMSHA)
- Over one-half of teenage girls and nearly one-third of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting and taking laxatives. (Neumark-Sztainer, 2005)
- 91 percent of women surveyed on a college campus had attempted to control their weight through dieting; 22 percent dieted “often” or “always.” (Shisslak, Crago & Estes, 1995)
- In a survey of female students on a college campus, 58 percent felt pressure to be a certain weight, and among the 83 percent that dieted for weight loss, 44 percent were of normal weight. (Malinauskas et al., 2006)
- A review of nearly fifty years of research confirms that anorexia nervosa has the highest mortality rate of any psychiatric disorder. (Arcelus, Mitchell, Wales & Nielsen, 2011)
- For females between 15- and 24-years-old who suffer from anorexia nervosa, the mortality rate associated with the illness is 12 times higher than the death rate of all other causes of death. (Sullivan, 1995)
- Data from three random sample studies of college students revealed an increase in eating disorder prevalence from 7.9% to 25% for males and 23.4% to 32.6% for females over a 13 year period. (White, Reynolds-Malear, & Cordero, 2011).
- A study of 289,024 students from 223 universities across the United States concluded that transgender and cisgender sexual minority college students have elevated rates of self-reported eating disorder diagnosis and laxative/diet pill use. (Diemer et al., 2015).
- In a study of 2400 college students, 46% of students reported intentionally restricting before drinking alcohol. Those who restricted to avoid weight gain scored higher on eating disorder inventories and those who restricted to get drunk more quickly scored higher on substance abuse inventories. (Roosen & Mills, 2015).
- Multidisciplinary campus based eating disorders treatment teams lead to students with eating disorders staying in therapy longer and leaving therapy with planned terminations. (Mitchell et al., 2015)
Involving Key Campus Stakeholders

Several campus officials can be valuable participants in developing and executing a campus strategy to provide treatment and referrals to students struggling with eating disorders. Beyond the multidisciplinary eating disorder treatment team, other relevant administrative offices include the Dean of Students, Scholarship and Financial Aid Office and Housing Office.

Multidisciplinary Treatment Team. Effective eating disorder treatment teams should consist of mental health providers, a medical provider, a psychiatric provider, a Registered Dietitian and a movement specialist. If you do not have access to each of these clinical disciplines on your campus, consider engaging community professionals who have experience working with eating disorders and who can provide services to your students. Eating Recovery Center has an extensive network of eating disorder treatment specialists across the country, and can help identify experienced professionals near campus.

Dean of Students. The Dean of Students, or a similar administrative leadership role, often sets and enforces the student code of conduct. Many student codes used to require that students must not pose a threat to themselves or others; however, as many campuses have replaced threat to self as a code violation they have adopted failure to follow recommendations from university officials. This change highlights the need for an organized treatment team and policies so that recommendations can be agreed upon by the entire treatment team. Because anorexia nervosa has the highest mortality rate of all mental health disorders, eating disorders should certainly be included as a serious threat to self, on par with suicidal ideation. Consider engaging your Dean of Students in a conversation about the severity of eating disorders, and share the incidence statistics in this guide in an effort to garner support in developing a compassionate, effective approach for identifying and treating students struggling with eating disorders.

Scholarship and Financial Aid Office. Students are often fearful that they will lose their scholarships or have to repay financial aid if they withdraw from school to participate in intensive mental health treatment. In an effort to assist students with this common barrier to treatment, identify a meaningful ally in the Scholarship and Financial Aid office. Take the opportunity to educate them about eating disorders, common courses of treatment as well as a process for holding scholarships and financial aid packages for students requiring a higher level of eating disorder care. Connect students with your ally as necessary to have their questions answered and allow them to focus on their health. Touch base with your ally each semester to maintain the relationship—regardless of their ability to maintain scholarships or financial aid for students requiring eating disorder treatment, it is important to have an expert to help students navigate this common barrier to treatment. documentation from a professional.
Housing Office. Another common barrier to treatment is breaking a housing contract without a large penalty. Develop an ally in housing and work together to identify strategies for students to quickly and cost-effectively vacate relevant housing contracts. Highlight how critical it can be to get a student struggling with a severe eating disorder to treatment quickly, as well as the institution’s desire to keep these highly motivated and high-achieving students on campus following their treatment. Some universities will allow students to cancel housing contracts for as little as $100 for a verifiable medical or mental health reason with documentation from a professional.

Once key campus allies and stakeholders are identified, establish times to check in each semester to maintain these supportive relationships. Talk with your allies about how helpful they have been to your students, and ask students who have sought treatment to share their gratitude to the stakeholders to further validate the importance of their work eating disordered students.

Establishing a Multidisciplinary Eating Disorders Treatment Team

Whereas an ideal team consists of mental health providers, a medical provider, a psychiatric provider, a Registered Dietitian and a movement specialist, a treatment team can begin with any two of the providers mentioned. If you have a desire to create a treatment team then find an ally and begin a team. The ideal beginning to a team is with a therapist, a dietitian, and/or a medical provider. These tips will help you strategize how your team will grow and function:

- **Discuss your specialties, the areas you would like to grow in, and your preferred way of working with patients with each other.** This will help you know who to refer to one another and plan for continuing education activities that will help the team improve their skills.

- **Create a treatment team Release of Information.** This will allow members to communicate about students treated by the team and is a great way of letting students know that they will undergo treatment from a treatment team approach to receive the best care possible.

- **Determine the best way for the team members to communicate with one another** (e.g., phone, email, EMR messaging), write the preferred methods down and distribute to the team.

- **Have a conversation about the needs of the campus** (e.g., are you working with students struggling with eating disorders already and needing support? Are students on your campus not seeking eating disorders services?)
Once you have determined the needs, make a list of the tasks that will help you meet the needs. If you’re seeing students struggling with eating disorders already, establish a weekly or biweekly team meeting in which you can discuss treatment from a team approach. If students are not presenting with eating disorders, plan outreach events to invite students to come into the counseling and/or health center, examine your website to make sure that students are invited to seek treatment for eating disorders, or reach out to other campus organizations such as health promotion or peer education groups for assistance.

Creating a treatment team meeting. Meetings should be organized with a leader to maintain flow and professionalism. A good sample meeting agenda is: Check-in, which involves reporting number of patients working with, number needing to discuss at meeting, and any special topics of discussion (10 minutes); Case discussion, which includes clinicians having an opportunity to ask questions such as recommendations for engaging a student in treatment, what referrals should be made, treatment progress. Use the Tips for Presenting to a Multidisciplinary Treatment Team for guidance (20-30 minutes); Outreach event planning, which includes planning for annual events, improving website and materials, connecting with other campus departments and organizations (10-20 minutes); and Wrap-up, which includes final comments, opportunities for continuing education from coordinator (5-10 minutes).

Creating outreach events: One of the most important tasks for a treatment team is to invite students to seek treatment. Many students have been shamed or praised for their eating disorders and are reluctant to seek help. Outreach events are one way to invite students to seek help. Consider creating a few events each semester. Create fun, relaxing events to welcome students and teach proactive ways of managing stress. A stress free day, ask-a-dietitian events, cooking demonstrations, or a yoga night can all be fun outreach events to teach healthy ways of coping. Make sure you have resources at the events. Also, hosting Love Your Body Day, Eating Disorders Awareness Week, and Eating Recovery Day events explicitly shows your dedication to working with students struggling with eating disorders. Eating Recovery Center has created campus kits for various eating disorders awareness events that are available upon request. Email Dr. Tallent to request a kit. Additionally, consider bringing the Body Project to your campus, see inside back cover for more information.

Establish Treatment Team Guidelines: Once you have a team established, treatment team guidelines are critically important to provide best care for students and to prevent burn out from team members. Guidelines will also help the team quickly identify who to treat and who needs a higher level of care.
Tips for Presenting Clients to a Multidisciplinary Treatment Team

Here are some tips for presenting clients to the group:

1.) Provide a brief 2-3 sentence history of your client to the team. For example, “Sara is a 21 year old African-American female who is in her senior year diagnosed with Anorexia Nervosa. We’ve worked together for 3 sessions focusing on the evolution of her eating disorder and establishing relaxation and mindfulness techniques.”

2.) Offer one or two questions specific to want you would like input on. For example, “She seems uninterested in meeting with someone else on the treatment team. How could I talk with her about referrals? And how could I work on increasing her food intake until she is ready to meet with a dietician?”

3.) Have your intake with you when you talk about a client so you can quickly answer questions about the client.

4.) Ask for clarification of suggestions or repeat your questions if you feel that you’re not getting your questions answered.

5.) Maintain an open mind about feedback and suggestions. Always feel free to follow up if you have any questions.

Here are some tips for the group when responding to questions presented by another group member:

1.) Listen to the question completely before your offer suggestions.

2.) Do not ask for information out of curiosity, only ask for additional information if it will help you in providing suggestions.

3.) Remember that we do come from different disciplines, so please speak in lay terms or provide education about any terms that may be unfamiliar to a lay audience.

4.) Please be thoughtful about the manner in which we speak about patients/clients. It is easy to get negative when we are overwhelmed, but it is important that we stay professional and nonjudgmental.

5.) Please refrain from sidebar conversations, this can be difficult for the person speaking and for those trying to offer suggestions.

6.) Lastly, please offer suggestions. We benefit greatly from input from different disciplines and from all individuals on the treatment team.
Establishing Treatment Team Guidelines

Creating treatment guidelines benefits students and campus treatment providers alike. By streamlining the process of eating disorder identification and treatment, students are better protecting themselves from the progressive medical complications of eating disorders and are less likely to be challenged by common barriers to care, while campus providers benefit in the following ways:

- **Increased efficiency.** Time is of the essence for mental health care providers helping eating disordered patients in educational settings. Establishing a go-to policy reduces time spent on case management and supports the delivery of better care to all students.

- **Reduced burnout.** It can be difficult for outpatient mental health providers to determine when their work with a patient has reached the limit. By classifying severity levels in line with American Psychiatric Association (APA) 2006 practice guidelines and the National Institute for Health and Clinical Excellence (NICE) standards, campus treatment teams can more easily identify when students are in need of a higher level of care. Additionally, guidelines support clinicians as they discuss a referral to treatment students, providing objective information to facilitate a dialogue about the need for a student to focus on their health in order to perform at their best upon returning to campus.

- **Data tracking.** A centralized method for identifying and addressing eating disorders on campus supports collection and maintenance of data related to eating disorders in the student body. With the limited resources available for student mental health, data can be used to substantiate the need for and value of campus treatment teams and clearly articulated treatment and referral practices.

In the pages that follow, a sample guideline has been included to support clinicians in the development of eating disorder treatment guidelines. This example includes all of the recommended treatment team members and should be edited to match the needs and resources of your campus. This example can be a meaningful starting point for a collaborative dialogue about developing campus guidelines, and/or it can be adapted for use at any educational institution based on available resources.

For additional insight and assistance related to eating disorder treatment guidelines and referral practices, contact Dr. Tallent, Eating Recovery Center National Outreach Coordinator. She is committed to supporting dedicated professionals working with eating disordered students, and helping educational institutions to provide the best services to their students. Dr. Tallent can be reached at 402-613-7613 or ctallent@eatingrecoverycenter.com.
Sample Campus Eating Disorders Treatment Guidelines

Medical/Psychological Guidelines for Outpatient Treatment of Eating Disorders

In recognition of the complex and intensive treatment often required for individuals with an eating disorder, the University Eating Disorders Treatment Team has established evaluation and treatment guidelines to assist University staff in providing the highest quality outpatient care for students with eating disorders. These guidelines are based on the American Psychiatric Association (APA) 2006 practice guidelines and the National Institute for Health and Clinical Excellence (NICE) standards.

Incoming or returning students with active or recent eating disorder history presenting to the University Health Center should be scheduled with a member of the Eating Disorders Treatment Team to assess medical/psychological risk and to develop treatment recommendations. Additionally, in accordance with the APA recommendations, if current students are not responding to outpatient care as expected, or if they have dangerous medical complications, clinical staff will recommend a more intensive level of care, which is beyond the scope of outpatient services available at the University. Students who require intensive treatment for eating disorders may be encouraged to take a medical leave of absence from school to focus on improving their health. Students with severe levels of eating disorders, malnutrition, or those with serious health problems may, as a result of their eating disorder, not be able to function effectively as a student while properly caring for their health, which is why a medical leave may be recommended. Also, if students engage in conduct that is unreasonably dangerous to the health or safety of themselves (or others) or are unable to follow through with recommendations from campus professionals, this constitutes a violation of the student code of conduct. Under these circumstances, the student may be referred to the Dean of Students Office. After appropriate treatment and demonstrated medical stability, including maintaining a healthy weight, these students may return to school at the University under the condition of continued stable health.

When a student seeks care, whether through the University Health Center, or another campus health care provider, the clinical staff recommends a multidisciplinary team approach for the treatment of eating disorders. This will include psychological, medical, nutritional, psychiatric, and movement evaluation and treatment, as appropriate. In order to provide optimal care, we request that students authorize the entire treatment team to discuss their care. Before initiating treatment, appropriate forms authorizing release of medical and psychological information among relevant providers will be completed and documented in the patient chart.
The vast majority of our students are able to successfully engage in treatment and achieve their academic goals. After an initial evaluation by any of the Eating Disorders Treatment Team clinicians, the student should complete the recommended referral and evaluation procedures within two weeks. This will allow them to be adequately and expeditiously engaged in treatment. If a clinician has a concern that the patient is in grave medical danger an immediate referral to a medical provider is indicated for treatment and recommendations. If, the student is not sufficiently engaged in the appropriate level of treatment or making progress toward a safe state of health, the clinician may involve the Dean of Students. Parental notification is required by law if life-threatening circumstances are present. Otherwise, for students of majority age, a parent is involved in the treatment only if the student and treatment team decide parental involvement is necessary and/or beneficial to the student’s care. For students under the age of majority, parents must consent for their student to be treated for an eating disorder by the Eating Disorders Treatment Team.

The Eating Disorders Treatment Team uses the Hamwi formula to calculate Ideal Body Weight (IBW). According to the Hamwi Formula, the ideal body weight for a five (5)-foot tall woman is 100 lbs with a five (5) lb increase for each inch above Five (5) feet. For example, the ideal body weight for a 5’ 8” woman would be 100 lbs + 40 lbs=140 lbs. The ideal body weight for men, according to the Hamwi formula is calculated using the following formula: a five (5)-foot tall man’s ideal body weight would be 106 lbs with a 6 lb increase for every inch. For example, the ideal body weight for a 5’11” male would be 106 lbs+66lbs=172lbs. Those students who are below 70% of IBW should be referred immediately to a higher level of care at the inpatient level.

The staff of Counseling and Psychological Services assess students to determine their motivation to recover, their level of understanding of their disorder, and their ability to collaborate in developing and implementing a treatment plan. Other co-existing disorders may be identified, including substance abuse, depression, and anxiety. Students are assessed to determine whether they are able to be self-sufficient in managing their care.

When a medical provider initially evaluates the student’s medical status, a 45-minute eating disorder physical examination will include weight, height, percentage of IBW, blood pressure, pulse, and patient history, including history of eating disorder behaviors. Additional studies, if indicated, may include an electrocardiogram (EKG), and lab work to include: comprehensive metabolic profile, complete blood count with differential, magnesium, phosphorus, thyroid function lab (TSH), and bone density scan, as appropriate.

The Eating Disorders Treatment Team’s registered dietitians will assess students to determine their eating disorder issues and nutritional needs. They will provide recommendations on meal planning, nutritional needs, and progress to weight restoration or stabilization goals. Additionally, students are assessed to determine whether they are able to be self-sufficient in maintaining and/or achieving a healthy weight. Dietitians will provide recommendations on the frequency of visits.
If the student is medically unstable or unable to meet the recommendations of the treatment team, they may be referred to the Dean of Students. Students requiring treatment beyond the scope of care provided by the treatment team may be referred to outpatient providers in the area or more intensive treatment programs throughout the country.

Based on initial medical and psychological evaluations, students may fall into one of several health risk categories:

1. **At Risk Patients:**

   For students who do not meet the criteria for Anorexia Nervosa, Avoidant/Restrictive Food Intake Disorder; or Other Specified Feeding or Eating Disorder (e.g., Atypical Anorexia Nervosa Type or Purging Disorder) but are engaging in restrictive behaviors and exhibit the following: (a) **at or above 90% of Ideal Body Weight** (IBW) or a **Body Mass Index (BMI) of 18 or higher**, (b) who are fairly well motivated to engage in treatment, (c) demonstrate good insight (e.g., recognize that their relationship with food is unhealthy and needs to change), and (d) are self-sufficient in establishing the structure needed to eat/gain weight: **Outpatient care from a multidisciplinary team may be undertaken to improve health outcome.**

   For students who do not meet the criteria for Bulimia Nervosa, Binge-Eating Disorder, or Other Specified Feeding or Eating Disorder (e.g., Bulimia Nervosa Low-Frequency or Limited Duration, Binge Eating Disorder of Low-Frequency or Limited Duration), but are binging and/or purging less than one time weekly with normal electrolytes and maintaining a healthy weight, who are fairly well motivated to engage in treatment, demonstrate good understanding of their disorder, and are self-sufficient in establishing the structure needed to control binging and purging behaviors: **Outpatient care from a multidisciplinary team may be undertaken to improve health outcome.**

   Outpatient Eating Disorder Care for an **At-Risk** student adequately engaged in treatment includes care by each of the specialists as described below, including authorization by the patient for the treatment team clinicians to communicate with each other about the student’s health:

   - (a) **CAPS or a community-based psychotherapist** with experience in eating disorder treatment:
     - (i) Weekly therapy visits scheduled and kept; and/or
     - (ii) Attend group therapy; frequency to be individualized
     - (iii) Engagement in the therapy process
   - (b) **UHC Medical Provider or a community-based medical provider** with experience in eating disorder treatment
     - (i) Complete a 45-minute eating disorder physical and lab work
     - (ii) Attend regular follow-up visits; frequency to be individualized
     - (iii) Have lab work completed as ordered on the day recommended
     - (iv) Schedule and complete recommended additional labs or appointments
     - (v) Present for weekly weights or as recommended by the treatment team
     - (vi) Adhere to recommended exercise limitations
(c) **UHC Registered Dietitian or a community-based registered dietitian** with experience in eating disorder treatment
(i) Dietitian visits scheduled and kept; frequency to be individualized
(ii) Discuss and follow recommendations for food intake, exercise, and weight management with dietitian.
(d) **Psychiatry or a community-based psychiatric provider** with experience in eating disorder treatment
(i) Psychiatry visits scheduled and kept; frequency to be individualized
(ii) Follow psychiatric provider’s specific recommendations for medication
(iii) Take all medications as prescribed
(iv) Attend regular follow-up visits; frequency to be individualized
(e) **Movement Specialist**
(i) Schedule and keep appointments with movement specialist; frequency to be individualized
(ii) Follow movement specialist’s recommendations for movement
(iii) Attend regular follow-up visits; frequency to be individualized

2. **Moderate Risk Patients**

For students who meet the criteria for Anorexia Nervosa, Avoidant/Restrictive Food Intake Disorder; or Other Specified Feeding or Eating Disorder (e.g., Atypical Anorexia Nervosa Type or Purging Disorder) **between 75-90% of Ideal Body Weight (IBW) or a Body Mass Index (BMI) of 17-18** who are fairly well motivated to engage in treatment, demonstrate good understanding of their disorder, and are self-sufficient in establishing the structure needed to eat/gain weight: **Partial hospitalization program (PHP) or perhaps outpatient care from a multidisciplinary team may be undertaken to improve health outcome. If the patient consistently misses appointments or fails to comply with treatment team recommendations, more intensive treatment beyond the scope of outpatient care may be recommended.**

For students who meet the criteria for Bulimia Nervosa, Binge-Eating Disorder, or Other Specified Feeding or Eating Disorder (e.g., Bulimia Nervosa Low-Frequency or Limited Duration, Binge Eating Disorder of Low-Frequency or Limited Duration) and have normal electrolytes, absent dramatic weight fluctuations, are fairly well motivated to engage in treatment, demonstrate good understanding of their disorder, and are self-sufficient in establishing the structure needed to control binging and purging behaviors: **Outpatient care from a multidisciplinary team may be undertaken to improve health outcome. If the patient consistently misses appointments or fails to comply with treatment team recommendations, more intensive treatment beyond the scope of outpatient care may be recommended.**

Outpatient Eating Disorder Care for a **Moderate-Risk student** adequately engaged in treatment includes care by each of the specialists as described below, including authorization by the patient for treatment team clinicians to communicate with each other about the student’s health:
(a) **CAPS or a community-based psychotherapist** with experience in eating disorder treatment:
(i) Weekly therapy visits scheduled and kept; greater frequency to be individualized as needed and approved by the Eating Disorders Treatment Team coordinator and the CAPS Director
(ii) Attend group therapy; frequency to be individualized
(iii) Engagement in therapy

(b) **UHC Medical Provider or a community-based medical provider** with experience in eating disorder treatment
(i) Complete a 45-minute eating disorder physical and lab work
(ii) Attend weekly or biweekly follow-up visits; frequency to be individualized
(iii) Have lab work completed as ordered on the day recommended
(iv) Schedule and complete recommended additional labs or appointments
(v) Present for weekly weights or as recommended by the treatment team
(vi) Adhere to recommended exercise limitations

(c) **UHC Registered Dietitian or a community-based registered dietitian** with experience in eating disorder treatment
(i) Attend weekly or biweekly Dietitian visits; frequency to be individualized
(ii) Follow dietitian’s specific recommendations for food intake, exercise, and weight management.

(d) **Psychiatry or a community-based psychiatric provider** with experience in eating disorder treatment
(i) Psychiatry visits scheduled and kept; frequency to be individualized
(ii) Follow psychiatric provider’s specific recommendations for medication
(iii) Take all medications as prescribed
(iv) Attend regular follow-up visits; frequency to be individualized

(e) **Movement Specialist**
(i) Schedule and keep appointment with movement specialist; frequency to be individualized
(ii) Follow movement specialist’s recommendations for movement
(iii) Attend regular follow-up visits; frequency to be individualized

3. **High Risk Patients**

For students who meet the criteria for Anorexia Nervosa, Avoidant/Restrictive Food Intake Disorder, or Other Specified Feeding or Eating Disorder (e.g., Atypical Anorexia Nervosa Type or Purging Disorder) **between 70-75% of Ideal Body Weight (IBW) or a Body Mass Index (BMI) of 16-17** who are fairly well motivated to engage in treatment, demonstrate good understanding of their disorder, and are self-sufficient in establishing the structure needed to eat/gain weight: **Inpatient or residential treatment should be undertaken to improve health outcome. Outpatient care should consist of helping the student eliminate barriers (i.e., housing contracts, scholarships, academic withdrawal) and scheduling an assessment with a residential or inpatient treatment facility. The team should support the student in understanding the need and benefit of a higher level of care and ensure that a higher level of care is undertaken.** **
For students who meet the criteria for **Bulimia Nervosa, Binge-Eating Disorder, or Other Specified Feeding or Eating Disorder (e.g., Bulimia Nervosa Low-Frequency or Limited Duration, Binge Eating Disorder of Low-Frequency or Limited Duration)** or who are binging and purging more than three times a week, who have mildly abnormal electrolytes controlled with electrolyte supplements, who are fairly well motivated to engage in treatment, demonstrate good understanding of their disorder, and are self-sufficient in establishing the structure needed to control binging and purging behaviors: **Outpatient care from a multidisciplinary team may be undertaken to improve health outcome. If the patient misses 2 appointments or fails to reduce binging/purging behavior over 2 weeks with the outpatient care follow-up, more intensive treatment beyond the scope of outpatient care will be recommended**.

Outpatient Eating Disorder Care for a **High-Risk student** adequately engaged in treatment includes care by each of the specialists as described below including authorization by the patient for treatment team clinicians to communicate with each other about the student’s health:

(a) **CAPS or a community-based psychotherapist** with experience in eating disorder treatment:
   (i) Weekly therapy visits scheduled and kept; greater frequency to be individualized as needed and approved by the Eating Disorders Treatment Team coordinator and the CAPS Director
   (ii) Attend group therapy; frequency to be individualized
   (iii) Engagement in therapy

(b) **UHC Medical Provider or a community-based medical provider** with experience in eating disorder treatment
   (i) Complete a 45-minute eating disorder physical and lab work
   (ii) Attend weekly follow-up visits; frequency to be individualized
   (iii) Have lab work completed as ordered on the day recommended
   (iv) Schedule and complete recommended additional labs or appointments
   (v) Present for weekly weights or as recommended by the treatment team
   (vi) Adhere to recommended exercise limitations

(c) **UHC Registered Dietitian or a community-based registered dietitian** with experience in eating disorder treatment
   (i) Attend weekly Dietitian visits; frequency to be individualized
   (ii) Follow dietitian’s specific recommendations for food intake, exercise, and weight management

(d) **Psychiatry or a community-based psychiatric provider** with experience in eating disorder treatment
   (i) Psychiatry visits scheduled and kept; frequency to be individualized
   (ii) Follow psychiatric provider’s specific recommendations for medication
   (iii) Take all medications as prescribed
   (iv) Attend regular follow-up visits; frequency to be individualized

(e) **Movement Specialist**
   (i) Schedule and keep appointment with movement specialist; frequency to be individualized
   (ii) Follow movement specialist’s recommendations for movement
   (iii) Attend regular follow-up visits; frequency to be individualized
4. Extremely High Risk Patients

At any weight, any patient with unstable medical or psychiatric conditions requires urgent evaluation beyond the scope of medical care available as an outpatient. This list of conditions may include: severe hypotension; blood pressure below 90/60 mmHg; syncope; temperature <97.0 F; pulse less than 40; severe electrolyte abnormalities, including sodium <130, potassium <3.0; bicarbonate >34; phosphorous <2.3; significant EKG abnormality; hepatic, renal, or cardiac compromise; or other unstable medical or psychiatric symptoms. Most of these criteria indicate a need for inpatient treatment with possible transfer to the Emergency Department, as indicated. These patients are at extremely high risk of complications related to their underlying eating disorder and stabilizing their medical parameters is our first priority. Recommending academic withdrawal is a secondary consideration for clinicians.

For students who meet the criteria for Anorexia Nervosa, Avoidant/Restrictive Food Intake Disorder, or Other Specified Feeding or Eating Disorder (e.g., Atypical Anorexia Nervosa Type or Purging Disorder) and are less than 70% of Ideal Body Weight (IBW) or have a Body Mass Index (BMI) less than 16: These patients are at an extremely high risk of poor outcome including a 4-6% risk of death. Additionally patients at BMI’s greater than 16 who are not motivated to engage in treatment, or who demonstrate poor understanding of their disorder, or who are not self-sufficient in establishing the structure needed to eat/gain weight, or with unstable vital signs, or with suicidality or severe depression, or who are excessively pre-occupied with illness: Immediate voluntary medical withdrawal* will be recommended. If the student refuses voluntary medical withdrawal, mandatory removal proceedings will be instituted with notification of the Dean of Students to implement removal proceedings. Students who pose a threat to their own health and safety or the health and safety of others are of critical concern and are in violation of the student code of conduct. These patients require intensive treatment beyond the scope of outpatient care. Clinicians involved in the care of extremely high risk patients will recommend and facilitate transfer of care to a more intensive treatment facility, often a hospital, with the help of the Eating Disorders Treatment Team coordinator.

For students who meet the criteria for Bulimia Nervosa, Binge-Eating Disorder, or Other Specified Feeding or Eating Disorder (e.g., Bulimia Nervosa Low-Frequency or Limited Duration, Binge Eating Disorder of Low-Frequency or Limited Duration) and/or are binging and purging more than three times a week, and/or who have severely abnormal electrolytes and/or a BMI <17, and/or who are not motivated to engage in treatment, and/or demonstrate poor understanding of their disorder, and are not self-sufficient in establishing the structure needed to control binging and purging behaviors: Immediate voluntary medical withdrawal** will be recommended and a higher level of care will be recommended. If the student refuses voluntary medical withdrawal, mandatory removal proceedings will be initiated, with notification of the Dean of Students to implement removal proceedings.
Students who pose a threat to their own health and safety or the health and safety of others are of critical concern and are in violation of the student code of conduct. These patients require intensive treatment beyond the scope of outpatient care. Clinicians involved in the care of extremely high risk patients will recommend and facilitate transfer of care to a more intensive treatment facility, often a hospital, with the help of the Eating Disorders Treatment Team coordinator.

“Students must sign a release of information for communication and collaboration between the Eating Disorders Treatment Team and community providers. Additional referrals may be recommended.

“*If a student refuses to voluntarily withdraw, the following steps will be taken, as deemed appropriate.*

1. Consult with the Eating Disorders Treatment Team coordinator.
2. Consult with Medical Providers regarding lab results.
3. Provide article “Emergency Department management of patients with eating disorders” by Philip Mehler, MD, FACP, FAED, CEDS to student to take with them to the emergency room in the case of changes in medical status or greater willingness to comply with treatment recommendations.
4. If the student is amenable, refer the student to the hospital. When doing so, get a release, if possible, and call ahead to explain the student’s condition.
5. Encourage client to sign releases to talk with support individuals, campus agencies, etc.
6. Talk with student about options for classes. They may request incompletes or withdraw from their classes. With a letter from a CAPS clinician or other Eating Disorders Treatment Team member (see step 9), they can be released from their housing contract (with reduced penalty) and a CAPS clinician or other Eating Disorders Treatment Team member can also advocate for them with financial aid, scholarships, grants, or other departments.
7. Consult with the Dean of Students.
8. Send letter to the Dean of Students documenting the danger posed by the student.
9. Assist the client/Dean of Students in identifying and selecting a suitable higher level of care. The treatment team coordinator can assist with this step.
10. CAPS clinician or other Eating Disorders Treatment Team member may need to write a letter to housing, financial aid, academic departments, or other campus agencies to assist with release from housing contracts or ensuring financial aid, etc.
11. Follow up with the Dean of Students and/or client about plans for re-entry and aftercare.
Recovery Record, is an innovative Eating Disorder Management App that enables you to stay connected with Eating Recovery Center (ERC) Alumni who are now under your outpatient care. This leading-edge mobile app can now be yours to use with ERC Alumni free of charge to keep you up to date with timely information on your patients’ ongoing progress. ERC is the only eating disorder treatment program offering free access for outpatient providers working with ERC Alumni.

Eating Recovery Center has always supported the continuum of care.

Eating Recovery Center (ERC) is the only vertically integrated health care system dedicated to the treatment of eating disorders at every stage of the illness. That includes our support for outpatient care and those like you who provide it.

As our Alumni move on to the next leg of their journey, the Eating Recovery Center team does everything it can to ensure a seamless transition from our care to yours. Not only do we provide you with access to historical patient data, but we are also the only eating disorders treatment network that offers you a mobile link to our Alumni through a customized version of the Recovery Record Clinician app – yours free as a provider of outpatient care.

With the Recovery Record app, you can easily keep track of your patients’ status while Eating Recovery Center uses it to collect data as part of our commitment to research into eating disorders and treatment outcomes. So stay connected with our ERC Alumni free of charge. Download the Recovery Record Clinician app today.

For questions or more information, please contact the ERC Recovery Record team at recoveryrecord@eatingrecovery.com
Recovery Record in 3 easy steps

**STEP 1**
REGISTER
If you have an iPhone, iPad or Android device:
- Go to the App Store
- Search for “Recovery Record Clinician”
- Click “Install”
You may also register at recoveryrecord.com

**STEP 2**
EXPLORE
You will then receive the Clinician Handbook by email. This step-by-step guide also lets you link to an optional patient app so you can feel what it's like to walk in your patient’s shoes.

**STEP 3**
LINK
Finally, give your patients your 5-digit link code found in the “My Profile” section. When typed into the Clinician Connect section of their app, you will be invited to link up with them. Any links with ERC discharged patients are marked “Sponsored by ERC”. There is no cost to you.

Recovery Record is HIPAA compliant.
Your data is encrypted and secure.

Important:
Recovery Record is...

- HIPAA-compliant to keep patient information secure even when shared with treatment teams.
- Not to be used by patients to report emergencies to you. Patients agree to this in the Terms of Use.
- To be used at your discretion. Like email, you are not required to respond to patient reports.
- Not to be used as a source for medical, legal or psychological advice, diagnoses or treatment.

Recovery Record allows you to:

- Customize questions, skills, goals and meal plans to meet your patient’s unique needs
- Activate treatment plans and skills patients can use in their daily lives between visits
- Optimize the focus and intensity of care with timely progress data
- Maintain accountability by setting patient expectations on how you will use their data

For questions or more information, please contact the ERC Recovery Record team at recoveryrecord@eatingrecovery.com
Mood and Anxiety Treatment: Programs and Services

Insight Behavioral Health Centers offer comprehensive, evidence-based treatment for adults and adolescents struggling with mood and anxiety disorders. Insight’s diverse mood and anxiety programs emphasize thorough assessment and offer individualized treatment plans delivered by compassionate and culturally competent behavioral healthcare experts.

Mood and Anxiety Program for Adults (MAP)
Residential, Partial Hospitalization and Intensive Outpatient Programs available for female, male and non-binary adults (programming for adolescents available separately).

- Emphasizes reducing maladaptive behaviors by accepting emotions, building compassion and developing courage through Mindfulness-based and Behavioral Therapies.
- Multidisciplinary treatment teams comprised of psychiatrists, psychologists, social workers, Master’s-level counselors, registered yoga therapists, expressive therapists and marriage and family therapists.
- Therapeutic interventions include Dialectical Behavior Therapy, Radically Open - Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Exposure and Response Prevention Therapy
- Several specialized tracks for Trauma, Exposure and Response Prevention, and Dialectical Behavior Therapy
- Monthly Family and Friends Day educational program designed to help loved ones learn family systems skills and how best to support individuals struggling with mood and anxiety disorders
- Staff-supported housing available to adult patients participating in Partial Hospitalization and Intensive Outpatient levels of care at Millennium Place, a secure high-rise located two blocks from Insight’s downtown Chicago treatment center
- Communication and collaboration with existing treatment teams

Levels of care:

- **Residential Program**
  - Full-day programming, 7 days-per-week with medically supervised living
  - Round-the-clock nursing
  - Medical and psychiatric supervision
  - Emphasis on stabilization, weight restoration (when appropriate) and interruption of maladaptive thoughts and behaviors

- **Partial Hospitalization Program**
  - 7-day-per-week treatment
  - Daytime psychiatric support and medication management as needed
  - Structured schedule of individual, family and group therapy and nutrition education emphasizing learning and practicing recovery skills
  - Opportunities to practice recovery skills during evenings at home or in peer-supported apartments near the downtown Chicago treatment center

- **Intensive Outpatient Program**
  - Structured schedule of individual, family and group therapy emphasizing development and practical use of recovery skills in interactions outside of the treatment environment
  - Medication management available as needed
  - Patients encouraged to continue working with outpatient treatment professionals as an adjunct to IOP participation
  - Direct-admit or step-down level of care

Mood and Anxiety programming at Insight Behavioral Health Centers can be a valuable treatment resource for individuals diagnosed with the following conditions:

- Depressive Disorders (including Persistent Depressive Disorder)
- Anxiety Disorders (Generalized, Social, OCD, and Panic)
- Bipolar Disorder
- Post-traumatic Stress Disorder
- Trauma (childhood and adult sexual, physical and emotional abuse)
- Attachment Disorders
- Personality Disorders
- Non-Suicidal Self-Injury
- Chronic Passive Suicidal Ideation
- Co-occurring Substance Use & Mood and Anxiety Disorders
- Co-occurring Eating Disorders & Mood and Anxiety Disorders
- Adjustment Disorder (due to recent changes, transitions or losses)
- Grief and Complicated Grief
Mood and Anxiety Program for Adolescents (AP MAP)
Partial Hospitalization and Intensive Outpatient programs for female and male adolescents (ages 12 through 18).
- Designed to help adolescents diagnosed with a wide range of mood and anxiety disorders
- Program objectives include:
  - Improved skills for managing priorities and academic performance
  - Coping with a competitive peer environment and bullying
  - Creating better connections with friends and family
  - Improving focus and confidence in group and team extracurricular activities
  - Coping effectively with overwhelming, intense emotions
- Therapeutic interventions include Multifamily Dialectical Behavior Therapy and Cognitive Behavioral Therapy in individual, family and group settings
- Medication management and psychiatric support from experienced psychiatrists

Levels of care:
- Partial Hospitalization Program
  - 5 or 6-day-per-week treatment, depending on patient needs
  - Psychiatric support and medication management as needed
  - Structured schedule of individual, family and group therapy and nutrition education emphasizing learning and practicing recovery skills
  - Opportunities to practice recovery skills during evenings at home

- Intensive Outpatient Program
  - 3 hours of treatment per day, 3 days-per-week for adolescents, allowing adolescents to remain engaged in educational obligations and extracurricular activities
  - Mandatory weekly skills training for parents
  - Structured schedule of individual, family and group therapy emphasizes development and practical use of recovery skills in interactions outside of the treatment environment
  - Two staff-supported meals per week
  - Medication management available as needed
  - Patients supported to continue working with outpatient treatment professionals as an adjunct to IOP participation

Contact Us Today
To learn more about Insight’s comprehensive programs and services for the treatment of mood and anxiety disorders in adults and adolescents, call 312-540-9955 to speak with a Master’s-level therapist or visit www.InsightBHC.com.
The Body Project

Overview
Currently, one in four women on college campuses in the United States reports suffering from an eating disorder.

The Body Project is a dissonance-based body-acceptance program designed to help college-aged students resist cultural pressures to conform to the appearance ideal standard of female beauty and reduce their pursuit of unhealthy appearance. The Body Project team trains student peer leaders to facilitate the program. In addition, faculty and staff are equipped to mentor, oversee and train future student peer leaders to implement the Body Project campus-wide. The goal of this program is to provide college campus leaders with tools to help change many of the perceptions that can lead to eating disorders.

The Eating Recovery Foundation is proud to bring this program to colleges and universities in the United States and Canada. The Foundation provides information, education and training on best practices for the identification, treatment and prevention of eating disorders.

Background
The Body Project Collaborative was formed in 2012 by Drs. Eric Stice and Carolyn Becker to create peer-led training opportunities for people interested in facilitating the Body Project.

To date, the Body Project has been used by more than 100 higher education institutions and delivered to over 200,000 young women across North America.

Research Support
Randomized controlled trials conducted by over 10 independent research labs have shown that the Body Project reduces:
- Appearance ideal internalization
- Body dissatisfaction
- Negative mood
- Unhealthy dieting
- Eating disorder symptoms

The Body Project stands as the first body image program to have studies provide support for its positive effect on reducing body dissatisfaction and eating disorder symptoms. The Body Project has also been found to reduce the risk for future onset of eating disorders.

For more information, please visit our webpage: www.eatingrecoveryfoundation.org, or call the Foundation at (855) 863-3723.
Eating Recovery Center’s mission is to provide the very best care to patients, families and providers of care in the treatment of, and recovery from, eating disorders and related conditions.

www.eatingrecovery.com