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Specializing in the Treatment of Eating and Related Disorders

LEVEL OF CARE FOR EATING DISORDERED CLIENTS:
A Guide to Determining the Right Care for Your Client

Samantha is a 13-year-old girl who tells you she has not been eating breakfast for the past 3 months, she only eats salad for lunch and she usually eats dinner with her family but goes to her room afterward and exercises. Maria is a 36-year-old woman who came to you because she feels depressed, she thinks her eating is out of control and she is terrified of gaining more weight but can't seem to stop eating. Marcus is a 20-year-old man who started exercising and losing weight when he was in high school. He says the exercise helps him feel less anxious, he likes the way it makes his body look, he exercises every day and when he can't he feels guilty and gets extremely anxious.

These people all have one thing in common. They are all exhibiting eating disordered behaviors, and are seeking a way to feel more in control of their body and their daily lives. Not all individuals come to therapy seeking treatment for an eating disorder, and those who do may minimize the seriousness of their symptoms. Our society promotes the idea that thinner is healthier, exercise is good, that daily visits to the gym can help us look good and feel good. While all of this may or may not be true for any one individual, the message is clear "thinner is better". When getting thinner becomes obsessive, or exercise becomes compulsive, it can be dangerous; and little may be done to acknowledge or help those who excessively exercise. We also see billboards and advertisements that perpetuate the notion of food as comfort as a way to sell us products. This presents the common conundrum that many people feel, "food is comforting and thinner is better!" It is no surprise that many people with eating disorders present with low self-esteem and high anxiety; feeling like a failure even though they may be high achieving in many ways.

At least 30 million people of all ages and genders suffer from an eating disorder in the U.S. (Hudson, Hiripi, Pope, & Kessler, (2007), ANAD, (2018), and eating disorders affect all races and ethnic groups (Marques, Alegria, Becker, Chen, Fang, Chosak, Diniz, (2011), ANAD, (2018). Part of our job as psychotherapists is to fully assess our clients and determine problematic behaviors, including being able to recognize when eating or compensatory behaviors (such as over-exercising, vomiting or laxative use) become unhealthy, or are a sign of an eating disorder. In actuality this may not be as easy as it sounds. Many people who present with eating disorder symptoms also have a tendency to minimize their unhealthy eating behaviors. It can be difficult to assess the level of symptoms, and clients are not always honest with themselves or us. Ongoing assessment of the behaviors is critical to treatment and the determination of the appropriate level of care for individuals with eating disorders.

Psychotherapists may not always ask their clients about their eating or exercise habits as a part of the assessment process. Many clients I have worked with tell me they have been in therapy

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for years and never talked about their eating disorder. They may be unwilling to talk about their behaviors due to shame, embarrassment or fear of what will happen if they admit to themselves and someone else that they have an eating disorder. It is widely documented that eating disorders have the highest mortality rate of all mental illnesses (Smink, Van Hoeken, Hoek, 2012, ANAD, 2018). Therefore, when working with this population one of the most critical issues is assessing the needs of the individual and determining the appropriate level of care.

If clients have a tendency to minimize their behaviors, then how do we know when eating or exercise habits are becoming out of control? One of the best ways I have found is to assess how much body image issues or eating behaviors occupy your client's thoughts on a daily basis. Many of my clients tell me they think about food and/or compensating for food all day long. Their first thought when they wake up and their last thought when they go to sleep is about food or body. They spend much of their time ruminating about how much they hate their body, when their next meal will be, what food they will be eating, who will be watching, how to make it look like they are eating to others, how to avoid eating in front of others, and planning the next binge or visit to the gym at the expense of doing social activities with friends or family.

Eating disorder thoughts and behaviors are addictive behaviors and represent an obsessive-compulsive process. Typically, treatment is long-term, and while approaches may vary, targeting specific thoughts and behaviors is an integral part of the process. It is critical to have clients with eating disorders medically evaluated by a doctor who is proficient in the treatment of eating disorders to determine their current medical stability. Getting people into treatment as soon as possible can affect the length of time they may need to be in treatment. Family members, friends, siblings, teachers and other support people may need to be involved on some level in the treatment process. Other eating disorder professionals, including a registered dietician and a psychiatrist, may also be necessary to develop a "team" approach in which the client is supported and seen regularly.

If you are a psychotherapist who does not specialize in eating disorders and discover you have a client with an eating disorder, it is important to consider if you should refer your client to someone who specializes in treating eating disorders. There is research that states the quality of the client-therapist alliance is more predictive of positive outcomes than the type of intervention (Ardito & Rabellino, 2011). Therefore, it is important to take this into consideration when deciding how best to help your client. The relationship you have with your client is a powerful factor in helping them to get the treatment they need; whether that means continuing to treat them or referring them to someone else. Consulting with a psychotherapist who specializes in eating disorders can help you make this decision or find the support you need. Many eating disorder professionals do consultation with colleagues as part of their practice, and consultation can be a valuable tool in getting your client the care they need.

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There are different levels of treatment for eating disorders, and deciding which level is right for your client may be challenging. The following is a brief description of the various levels of care, keeping in mind that specifics will vary based on the individual program:

Outpatient treatment – working with an outpatient psychotherapist who specializes in eating disorders. Treatment may include individual, family, and group therapy depending on the therapist. The treatment team may include the psychotherapist, a primary care physician proficient in eating disorders, a registered dietician that specializes in eating disorders, a family therapist, and if needed, a psychiatrist for monitoring medication. Outpatient psychotherapists who specialize in eating disorders may also be willing to consult with other therapists in determining the appropriate needs and level of care for your client.

Intensive outpatient treatment (IOP) – a program that usually includes a minimum of 3 days a week, in the afternoon or evening, at a treatment facility that specializes in eating disorders. IOP usually includes attending several psychotherapy groups, monitoring by a registered dietician and at least one daily meal that is served as part of the program.

Partial Hospitalization Program (PHP) – commonly called a day treatment program. This type of program usually includes treatment 5-7 days a week, meals and snacks, and nutrition and psychotherapy groups. Examples of psychotherapy groups may include, DBT, CBT, Art therapy, Process Groups, Interpersonal Skill Building, Experiential, Body Image groups etc., and will vary by program. Most programs include monitoring by a registered dietician, psychotherapist or family therapist, a psychiatrist and a primary care physician or nurse.

Residential Treatment Care – commonly called Inpatient Treatment – a program that requires the client to live onsite and be monitored most of the day. Programs usually have medical, psychiatric and nutritional personnel on staff. Most inpatient programs include individual, family and group therapy in the treatment plan. These programs are usually designed to reduce eating disorder thinking and behaviors, and focus on weight restoration or weight stabilization. Clients may use a "step down" process, stepping down to a PHP and then an IOP program as a means of transitioning eventually into outpatient treatment.

Medical Hospitalization – hospitals usually monitor clients 24/7, and their goal may be medical stabilization and/or treatment. Programs that do medical stabilization only will release the client after they are deemed medically stable. Clients may then be released to an inpatient or outpatient program.

The following are some things to consider in determining the appropriate level of care for your client:

- Has your client been in outpatient treatment for a long period of time with little success?

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- Have you noticed your client's symptoms becoming worse and worse over an extended period of time?
- When your client's eating disorder behaviors decrease, do they increase their use of alcohol, drugs, sex, self-harm, excessive shopping or other unhealthy behaviors?
- Do you suspect your client is not being honest with you about the seriousness or frequency of their eating and/or exercise behaviors?
- Does your client appear to be motivated to change their behaviors? Are they actually willing to do something different? The level of motivation and willingness are the two most import indicators I use to determine whether it is appropriate to treat a client on an outpatient basis. If these two factors are low, it is unlikely they will be able to make behavioral changes on their own without the support and containment a higher level of care provides.
- Can you visibly see weight fluctuations that are concerning to you? Eating disorders are not always visible and you can't expect to know if your client has an eating disorder by looking at them. However, if you are seeing concerning weight fluctuations it would be important to have your client evaluated by a medical professional who is proficient in eating disorders.
- What level of support does your client have? Do they have family support? Do they have friends? Are they regularly seeing their friends? Have they told their family or friends that they have an eating disorder?
- Has your client been hospitalized for an eating disorder in the past? Have they previously been in an eating disorder program and unable to maintain the treatment gains from previous hospitalizations or programs?
- Does your client have other mental health issues that affect their ability to manage impulsive behaviors or relationship issues?
- Has a medical professional determined that your client's medical health is being compromised by their eating disorder behaviors?
- When you set realistic goals for your client to reduce eating disorder behaviors are they unable or unwilling to do them? Do they make excuses as to why they can't reach their goals?
- Is your client in the pre-contemplation stage of change and try as you may, they are not graduating to the contemplation or action stage?
- Has your client every been suicidal, had suicidal ideation or made a suicide attempt?

Treating at the lowest level of care possible for success is in the best interest of your client. Outpatient care is usually less disruptive to the client's daily life, but also may not be able to provide the structure and frequency of visits your client may need to deal with the anxiety and other emotions that arise as a result of not doing their eating disorder behaviors. If you have difficulty determining what is the appropriate treatment or level of care for your client, consult with a professional who specializes in the treatment of eating disorders to help you develop an appropriate treatment plan for going forward.

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Terryann Sanders is a Licensed Marriage and Family Therapist in private practice in San Jose CA. She completed the JFKU Eating Disorder Certificate program in 2006, and currently specializes in treating people with eating disorders. She enjoys speaking in her community on topics related to eating disorders and body image disturbance. Terryann also developed an eating disorder consultation group in which she regularly participates along with other colleagues in the eating disorder community. She is a member and Past-President (2011) of the Santa Clara Valley Chapter of California Association of Marriage and Family Therapists, a member of the International Association of Eating Disorder Professionals (IAEDP), the Academy of Eating Disorders (AED), the National Eating Disorder Association (NEDA), and the California Association for Marriage and Family Therapists (CAMFT).

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