



Center for  
**DISCOVERY**  
Eating Disorder Treatment

*coastal*  
COLLABORATIVE CARE

# **Breaking Through the Confusion: Assessing Level of Care for Eating Disorder Treatment**

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- Different Levels of Care  
American Psychiatric Association Guidelines – Assessing for Level of Care
  - Inpatient
  - Residential Treatment Center
  - Partial Hospitalization Program
  - Intensive Outpatient Program
  - Outpatient
- Case Study

## Different Levels of Care – Inpatient

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- Highest level of care
- Can be a:
  - Medical unit
  - Med-psych unit
  - Eating Disorder medical unit
- Nursing 24/7
- Multidisciplinary team: case workers, psychiatrist, dietitians, physician, nurses, and therapists, and other helping professionals
- Might have therapy groups and therapy sessions or might not
- Average length of stay is 3-4 weeks

Sources: <https://anad.org/inpatient-treatment/> || <https://www.allianceforeatingdisorders.com/levels-of-care/>

# Different Levels of Care

Inpatient  
Mental Health American Psychiatric Association  
Guidelines for Inpatient Level of Care



## **Suicidality:**

- Specific plan or intent
- Suicidal ideas
- After a suicide attempt

## **Co-occurring Disorders:**

- Any existing psychiatric disorder that would require hospitalization

## **Ability to Control Compulsive Exercising:**

- Self control is not present
- Needs to use some sort of accountability

## **Purging Behaviors:**

- Needs supervision during and after all meals and in bathrooms
- Unable to control purging
- Multiple daily episodes of purging that are severe and persistent
- Tried managing with less support and did not work

## **Motivation to Recover:**

- Poor motivation
- Preoccupied with obsessive thoughts
- Cooperative only in highly structured environment

## **Environmental Stress:**

- Severe family conflict or problems
- Absence of family
- Unable to receive structured treatment in home
- Patient lives alone

## **Geographic Availability to Treatment Program:**

- Lives too far away from treatment center


## • Children & Adolescents

- Weight <85% Target Body Weight OR rapid weight loss
- Low heart rate
- Abnormal blood pressure changes
- Low blood pressure
- Low electrolytes

## • Adults

- Weight <85% Target Body Weight OR rapid weight loss
- Low heart rate
- Low blood pressure
- Low blood sugar
- Low potassium
- Low temperature
- Poorly controlled diabetes
- Electrolyte imbalance
- Dehydration
- Major organ damage or failure

## Why do those criteria indicate need for hospitalization?

 These indicate someone has significant body damage. This person could be high risk for a potentially fatal medical condition.

One or more of the following <sup>2</sup> :		Two or more of the following <sup>2</sup> :	
	Body mass index <16		Body mass index <18.5
	Unintentional weight loss >15% in the past 3-6 months		Unintentional weight loss >10% in the past 3-6 months
	Little or no nutritional intake for >10 days		Little or no nutritional intake for >5 days
	Low levels of potassium, phosphate, or magnesium before feeding		History of alcohol misuse or drugs, including insulin, chemotherapy, antacids, or diuretics

2. Mehanna, H.M., Moledina, J., Travis, J. Refeeding syndrome: what it is, and how to prevent and treat it. *British Journal of Medicine*, 336, 1495-14988. doi:10.1136/bmj.a301

## **How are medical complications managed in INPATIENT?**

*Only level of care capable of managing severe medical complications*

Check electrolytes, provide B vitamins and electrolytes<sup>2</sup>

- Monitor with daily labs

Start nutrition - usually with a feeding tube

- Move forward with meals and snacks with a meal plan

Daily Weights

Frequently Scheduled Vitals (could be multiple times in one day)

Monitor for eating disorder behaviors

- Longer term treatment option
- Client lives in a facility, house-type setting
- 24/7 care
- There is constant medical supervision and monitoring of health conditions
  - Clients does not require intensive medical care or treatment
- Multidisciplinary team: therapists, psychiatrist, dietitians, physician, nurses, and other helping professionals
- Client will have
  - Therapy groups
  - All meals and snacks supervised
  - Therapy sessions
    - Typically 3-4 therapy sessions a week
  - Nutrition counseling
- Average length of stay is about 30-90 days

Sources: <https://anad.org/residential-care/> || <https://www.allianceforeatingdisorders.com/levels-of-care/>



# Different Levels of Care

Residential Treatment Center  
Mental Health American Psychiatric Association  
Guidelines for Inpatient Level of Care



## **Suicidality:**

- Depends on suicidal thoughts
- Depends on client's level of safety

## **Co-occurring Disorders:**

- Depends on other diagnoses
- Depends on stability of diagnoses

## **Ability to Control Compulsive Exercising:**

- Might have some self-control
- Needs some degree of support and accountability

## **Purging Behaviors:**

- Can ask for and use support from others
- Can use coping skills to decrease or stop purging

## **Motivation to Recover:**

- Poor-to-fair motivation
- Preoccupied with obsessive thoughts for 4-6 hours a day
- Cooperative with highly structured treatment

## **Environmental Stress:**

- Severe family conflict or problems
- Absence of family
- Unable to receive structured treatment in home
- Patient lives alone

## **Geographic Availability to Treatment Program:**

- Lives too far away from treatment center

Source: <https://www.nationaleatingdisorders.org/toolkit/parent-toolkit/level-care-guidelines-patients>

***Medically stable to an extent...***

***Weight: Less Than 85% Target Body Weight***

Interpretation: Not as concrete as inpatient medical criteria

- Client's electrolytes are stable, but may require supplementation
- Organ damage may exist, but acute organ compromise is not present/primary
- Client demonstrates ability to consume nutrition by mouth and does not require a feeding tube

## How are medical complications managed in RESIDENTIAL?

Doctor on staff – evaluates risk

Weekly labs

Frequently Scheduled Weight (2-3 times per week, up to daily)

Frequently Scheduled Vitals (often twice daily)

Meal plan – primarily nutrition by mouth, meal plan is advanced to an appropriate intake, may require supplements (example: Boost or Ensure)

## Different Levels of Care – Partial Hospitalization Program



- Client lives at home
- Attends programming in a specialized setting
- All services provided in one location
- Can range from 5-7 days a week
- Can range from 6-12 hour days
- Sometimes referred to as “day treatment”
- May have supportive housing options
- Treatment includes:
  - Therapy sessions
  - Nutrition counseling
  - Group therapy
  - Family therapy
  - 2-5 supportive meals
  - Psychiatrist session
- Multidisciplinary team: therapists, psychiatrist, dietitians, and other helping professionals
- Average length of stay: 1 month

Sources: <https://anad.org/iop-php/> || <https://www.allianceforeatingdisorders.com/levels-of-care/>

# Different Levels of Care

Partial Hospitalization Program  
Mental Health American Psychiatric Association  
Guidelines for Inpatient Level of Care



## **Suicidality:**

- Depends on suicidal thoughts
- Depends on client's level of safety

## **Co-occurring Disorders:**

- Depends on other diagnoses
- Depends on stability of diagnoses

## **Ability to Control Compulsive Exercising:**

- Might have some self-control
- Needs some degree of support and accountability

## **Purging Behaviors:**

- Can reduce purging in an unstructured setting
- No significant medical complications

## **Motivation to Recover:**

- Fair motivation

## **Environmental Stress:**

- Others able to provide at least limited support and structure

## **Geographic Availability to Treatment Program:**

- Patient lives near treatment setting

## ***Medically stable to an extent...***

### ***Weight: Greater Than 80% Target Body Weight***

Interpretation: Not as concrete as inpatient or residential medical criteria

- Client's electrolytes are stable but may require supplements
- Organ damage may exist, but acute organ compromise is not present/primary
- Client demonstrates ability to consume nutrition by mouth and does not require a feeding tube

## **How are medical complications managed in Partial Hospitalization Program?**

Clinical staff evaluates risk for medical concerns in collaboration with Physician

Weight: 2 times per week minimum

Vital Signs: 2 times per week minimum

Meal plan – exclusively nutrition by mouth, meal plan individualized, may include supplements

- Client lives at home
- Attends programming in a specialized setting
- All services provided in one location
- 3-6 days a week
- 3-5 hours a day
- Multidisciplinary team: therapists, dietitians, and other helping professionals
- Treatment Provided:
  - Group therapy
  - Supervised meal
  - Typically 1 therapist session a week
  - Typically 1 registered dietitian session a week
  - 1-2 supportive meals
- Clients can maintain work and/or attend school while in treatment
- Average length of stay: 1-2 months



# Different Levels of Care

Intensive Outpatient Program  
Mental Health American Psychiatric Association  
Guidelines for Inpatient Level of Care



## **Suicidality:**

- Depends on suicidal thoughts
- Depends on client's level of safety

## **Co-occurring Disorders:**

- Depends on other diagnoses
- Depends on stability of diagnoses

## **Ability to Control Compulsive Exercising:**

- Might have some self-control
- Needs some degree of support and accountability

## **Purging Behaviors:**

- Can reduce purging in an unstructured setting
- No significant medical complications

## **Motivation to Recover:**

- Partial motivation
- Cooperative
- Preoccupied with obsessive thoughts greater than 3 hours/day

## **Environmental Stress:**

- Others able to provide adequate emotional and practical support and structure

## **Geographic Availability to Treatment Program:**

- Patient lives near treatment setting

## ***Medically stable to an extent ...***

### ***Weight: Greater Than 80% Target Body Weight***

Interpretation: Not as concrete as inpatient or residential medical criteria

- Client's electrolytes are stable but may require supplements
- Organ damage may exist, but acute organ compromise is not present/primary
- Client demonstrates ability to consume nutrition by mouth and does not require a feeding tube

## **How are medical complications managed in Intensive Outpatient Program?**

Clinical staff evaluates risk for medical concerns in collaboration with Physician

Weight: 1 time per week minimum

Vital Signs: 1 time per week minimum

Meal plan – exclusively nutrition by mouth, meal plan individualized, may include supplements

## Different Levels of Care – Outpatient

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- Client lives at home
- Attends sessions at the office of provider
- Client typically sees therapist 1-2x a week
- Client typically sees registered dietitian 1-2x a week
- Client typically sees psychiatrist 1x a month
- Client typically sees primary care physician 1x a month – as needed
- Typically the longest level of care of the treatment process

Sources: <https://anad.org/outpatient-treatment/> || <https://www.allianceforeatingdisorders.com/levels-of-care/>

# Different Levels of Care

Outpatient  
Mental Health American Psychiatric Association  
Guidelines for Inpatient Level of Care



## **Suicidality:**

- Depends on suicidal thoughts
- Depends on client's level of safety

## **Co-occurring Disorders:**

- Depends on other diagnoses
- Depends on stability of diagnoses

## **Ability to Control Compulsive Exercising:**

- Can manage compulsive exercising through self control

## **Purging Behaviors:**

- Can greatly reduce incidents of purging in an unstructured setting
- No significant medical complications

## **Motivation to Recover:**

- Fair-to-good motivation

## **Environmental Stress:**

- Others able to provide adequate emotional and practical support and structure

## **Geographic Availability to Treatment Program:**

- Patient lives near treatment setting

## ***Medically stable to an extent...***

### ***Weight: Greater Than 85% Target Body Weight***

Interpretation: Not as concrete as inpatient or residential medical criteria

- Client's electrolytes are stable but may require supplements
- Organ damage may exist, but acute organ compromise is not present/primary
- Client demonstrates ability to consume nutrition by mouth and does not require a feeding tube

## **How are medical complications managed in Outpatient?**

Outpatient team works together to evaluate or assess risk for medical concerns

Client works directly with Physician

Weight: 1 time per week to 1 time every other week, or as indicated by outpatient team

Vital Signs: 1 time per week to 1 time every other week, or as indicated by outpatient team

Meal plan – exclusively nutrition by mouth, meal plan individualized, may include supplements

## CASE STUDY



# Client A: Information Received On Admission Day



22-year-old female || Height: 5'8" || Admit Weight: 155# || Target Body Weight: ~135#

## Current Behaviors & Status:

- Client started at inpatient level of care due to suicidal thoughts.
- Client was at a residential treatment center and partial hospitalization program for six weeks total prior to admitting.
- The residential treatment center and partial hospitalization was out of state from where the client lived.
- Client diagnosed with Other Specified Feeding and Eating Disorder, Generalized Anxiety Disorder, Post Traumatic Stress Disorder, and Major Depressive Disorder.
- Client presenting to us with:
  - Eating 3 meals and 3 snacks a day
  - Since entering treatment Client reported not restricting or acting on eating disorder behaviors
  - Client reports body image distortions
  - Rigid and "safe food" eating habits
- Client denies suicidal thoughts
- Denied current purging, laxative use, and over-exercise
- Currently employed
- Currently in a relationship and living with partner
- Client's partner and family friends will be client's primary supports while in treatment

## Client Has a History of:

- Severe laxative abuse (90 pills a day)
- Suicidal thoughts with plan
- Medical concerns around malnutrition
- Family distress/ estrangement
- Chewing and spitting food
- Over-exercise
- Prior eating disorder treatment
- Prior mental health treatment
- Self- injurious behavior

**What level of care should we recommend for this client?**

## **Intensive Outpatient Level of Care**

What would make this client need a higher level of care?

What would make this client appropriate for a lower level of care?

Any Questions?