A Specialty Behavioral Health Hospital for Young People &
Center of Excellence for the Treatment of Eating Disorders

Chase Bannister, MDiv, MSW, LCSW, CEDS
Vice President & Chief Clinical Officer
forward together –
toward informed consumership of eating disorder care
Moi.

- Certified Eating Disorders Specialist (CEDS)
- Clinical Training
  - Duke University Counseling & Psychological Services Eating Disorders & Body Image Concern Treatment Team
  - Duke University Medical Center Infectious Disease & Chronic Illness
  - Founding Clinician of residential eating disorder program
- Chief Clinical Officer - Veritas Collaborative
  - Inpatient - Acute Residential - Partial Hospitalization
- Board Vice President & Medical Advisory Board Member,

We all have a stake in this.
“...Well, I suppose ya don’t know what ya don’t know. But once ya finally know thatcha don’t know what ya need to know, and ya know ya oughtta know it—then get to knowin’ it.

That’s what I know.”
Upon Being a Rogerian

- Humanistic Psychology
- Often considered “Father” of Client–Centered approach to care
- “[Rogers] consistently stood for an empirical evaluation of psychotherapy. He and his followers have demonstrated a humanistic approach to conducting therapy and a scientific approach to evaluating therapy need not be incompatible.”

Prochaska & Norcross, 2003
Upon Being a Roger(s)ian

“I’ve always wanted to have a neighbor just like you.”

— FMR
Saint Rogers of the Neighborhood

- Importance of trust
- Intensive study/mentoring in child psychology
- Feelings – “Mentionable & Manageable”
- “…as well as you can…”
Where Clinicians Hang their Hats

[Virtually] every person licensed to “hang a shingle” is beholden to some ethos of care

• **Psychologists** – *APA Code of Ethics*
• **Nutritionists/Dietitians** – *AND Code of Ethics*
• **Medical Providers** – *First, Do No Harm*
• **Educators/Guidance Counselors** – *NEA Code of Ethics*

‘The educator, believing in the worth and dignity of each human being…

Shall not intentionally expose the student to embarrassment or disparagement.

Shall not on the basis of race, color, creed, sex, national origin, marital status, political or religious beliefs, family, social or cultural background, or sexual orientation, unfairly exclude any student from participation in any program, deny benefits to any student or grant any advantage to any student.’
“The mission of the social work profession is rooted in a set of core values.

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence

Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.”
A Classification of All Animals*

- Those that belong to the emperor
- Embalmed ones
- Those that are trained
- Suckling pigs
- Mermaids (or Sirens)
- Fabulous ones
- Stray dogs

- Those that are included in this classification
- Those that tremble as if they were mad
- Innumerable ones
- Those drawn with a very fine camel hair brush
- Et cetera
- Those that have just broken the flower vase
- Those that, at a distance, resemble flies

*According to The Celestial Emporium of Benevolent Taxonomy
Probably fake, "discovered" by Franz Kuhn by Jorge Luis Borges
A Classification of All Therapies*

- Cognitive Behavioral
- Rational Emotive
- Dialectical Behavior
- Psychodynamic
- Psychoanalytic
- Humanistic
- Existential
- Somatic
- Acceptance & Commitment
- Hypnotherapy
- EMDR
- Psychotropic
- Family Based/Maudsley
- Family Systems
- Play Therapy
- Psychodrama
- Gestalt
- Narrative
- Solution-Focused
- Transpersonal
- Interpersonal Process
- Exposure with Response Prevention
- Crisis Intervention
- Nutritional
- Integrative

*According to Chase. This is nowhere NEAR a comprehensive list

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Let’s air a common naïveté:

“All mental health providers (or primary care physicians, nutritionists, psychiatrists) have training in eating disorders.”

Not about malicious intent!

Subspecialties and strengths
Breaking News – Clinicians Aren’t Unicorns

I'm not perfect.
...But Sometimes We Think we Are!

In a 2012 study, mental health providers were asked to

(a) compare their own overall clinical skill and performance to others in their profession, and

(b) indicate the percentage of their clients who improved, remained the same, or deteriorated as a result of treatment with them.

Naked Emperors

Results?

• Nearly a third of respondents placed themselves at 90th percentile or above.

• Zero respondents placed themselves at or below the 50th percentile.

• Compared to peer-reviewed literature on clinical outcomes on patients, clinicians
  • overestimated improvement &
  • underestimated deterioration

Folie a Deux

\( (A^2) \) The clinician’s belief in her/his treatment, &

\( (+ B^2) \) The patient’s faith in his/her clinician exert

\( (= C^2) \) A “mutually reinforcing effect.”

Skrabanek & McCormick (1998)
“Although no one can yet say for certain, new science is offering tantalizing clues. Doctors now compare anorexia to alcoholism and depression, potentially fatal diseases that may be set off by environmental factors such as stress or trauma, but have their roots in a complex combination of genes and brain chemistry.

“The environment pulls the trigger…but it's [a person’s] latent vulnerabilities that load the gun.”

(Newsweek, December 2005, Fighting Anorexia: No One to Blame)
Eating disorders are the most lethal of all psychiatric illnesses.

The mortality rate for persons with eating disorders is **12+ times** that of their peers.

The suicide rate is **19+ times**.

- 20% of eating disordered persons will **die prematurely** as a result of their illness.
- The average age of death due to an eating disorder is **34 years old**.
...Being an Informed Consumer is a MUST
Rights of People with Eating Disorders & Carers

The Rights of People with Eating Disorders and Carers

I. Right to Communication/partnership with Health Professionals

II. Right to Comprehensive Assessment and Treatment Planning

III. Right to Accessible, High Quality, Fully Funded, Specialised Care

IV. Right to Respectful, Fully-informed, Age-appropriate, Safe Levels of Care

V. Right of Carers to be Informed, Valued and Respected as a Treatment Resource

VI. Right of Carers to Accessible, Appropriate Support and Education Resources

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Evidence-Based Practice Guidelines

- Practice Guideline for the Treatment of Patients with Eating Disorders
- Developing an Evidence-Based Classification of Eating Disorders
- International Journal of Eating Disorders
Evidence-based Treatments

- Dialectical Behavior Therapy
- Mindfulness/Mentalization/Flexibility
- Family Based Therapy for children & adolescents without severe medical complications – first line
- Cognitive Behavioral Therapy
- Psychotropic Interventions (limited)
The purpose of these guidelines is to promote high quality residential and inpatient treatment for eating disorders. Specifically they are intended to (a) contribute to safeguarding patients and families who seek eating disorder residential and inpatient treatment; (b) review and improve the quality of care offered by residential and inpatient treatment programs; and (c) provide a quality of care benchmark for third party payers to consider as they collaborate with health care providers in the development of comprehensive models of care and its reimbursement, where applicable.

The guidelines were developed for programs that offer treatment to patients with eating disorders 24-hours per day, 7 days per week under the supervision of a licensed health care professional who has access to a licensed physician. The majority of recommendations apply to eating disorder residential and inpatient programs across the globe. Those that apply specifically to programs in the USA are italicized in the document. Non-US providers should substitute reasonable local procedures for these sections.

The recommendations are intended for use in clinical governance and quality assurance and as a guide for credentialing of treatment programs and/or the development of key performance indicators. They may be used by eating disorder residential and inpatient treatment programs,
Some things you may want to ask about

For Outpatient Providers

• Certifications/Credentials
• Training(s)/Modalities
• License to Practice
• Experience with EDs
• % of Practice devoted to ED care
• Conferences attended
• Professional memberships
• Insurances accepted/billing practices
• Understanding of Levels of Care
• Incorporation of family therapy

For Higher Levels of Care

• Facility license(s)
  • Hospital? Residential?
• Training(s)/Modalities used
• Provisions for medical care, if needed
• Staff to patient ratio
• Accreditation(s)
  • CARF? The Joint Commission?
• Experience of staff
• Incorporation of family therapy
• Nutritional Philosophy
• Insurances accepted/billing practices
Some things you may want to ask about

Anorexia affects your whole body

- **Brain and Nerves**: Can’t think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry
- **Hair**: Hair thin and gets brittle
- **Heart**: Low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure
- **Blood**: Anemia and other blood problems
- **Muscles and Joints**: Weak muscles, swollen joints, fractures, osteoporosis
- **Kidneys**: Kidney stones, kidney failure
- **Body Fluids**: Low potassium, magnesium, and sodium
- **Intestines**: Constipation, bloating
- **Hormones**: Periods stop, bone loss, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and postpartum depression.
- **Skin**: Bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle

How bulimia affects your body

- **Brain**: Depression, fear of gaining weight, anxiety, dizziness, shame, low self-esteem
- **Cheeks**: Swelling, soreness
- **Mouth**: Cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods
- **Throat & Esophagus**: Sore, irritated, can tear and rupture, blood in vomit
- **Muscles**: Fatigue
- **Stomach**: Ulcers, pain, can rupture, delayed emptying
- **Skin**: Aversion of knuckles, dry skin

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Conceptualizing Adequate Care

- The “Revolving Door” is expensive, particularly to bodies
- At least 50% of patients discharged from inpatient care before weight restoring readmit for further inpatient treatment.
- Adequate care key to avoiding immediate relapse and readmission
- “Patients discharged while still underweight may have a worse clinical course than those hospitalized until healthy weight has been restored.”
- Collaborating with all stakeholders – family, clinicians, care managers for long term planning

Multi-disciplinary Approach

Multi-disciplinary interventions

• Psychiatry
• Internal Medicine
• Psychotherapy & Family Therapy
• Dietetics/Nutrition
• Specialized Psychiatric/Med Nursing

More and more we’re aware that eating disorders are likely biologically mediated mental illnesses (sometimes called ‘brain-based disorders’).

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Central Coherence & Set Shifting

- fMRI imaging shows **diminished activity** in the pre-frontal cortex in persons with anorexia as tasks become more complicated
  - Kaye et al, Int J Eat Disord 2011; 44:1–8
- Set-shifting & executive functioning deficits (Treasure, Kaye)
Receiving Care from Credentialed Providers

- CEDS
  **Certified Eating Disorder Specialist**
- CEDRD
  **Certified Eating Disorder Registered Dietitian**
- CEDRN
  **Certified Eating Disorder Registered Nurse**

www.iaedp.com
First, Much is happening, *and* we still need more data.

• Ask questions of providers about the evidence provided
• Be a careful consumer of the concept of ‘success rates’
• Not everyone lives in areas with reasonable access to specialty providers or multidisciplinary teams
• The therapeutic connection/relationship IS important
Being Resourced

www.nationaleatingdisorders.org
www.feast-ed.org
www.normal-life.org
Being Advocates

www.eatingdisorderscoalition.org
If you will permit me

It's easy to say, ‘It’s not my child, not my community, not my world, not my problem.’ Then there are those who see the need and respond. I consider those people my heroes.

FRED ROGERS
Questions or Comments? (I probably talked the whole time).