



HOSPITALS • RESEARCH • FOUNDATION

# EATING DISORDER CLINIC



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## **Introduction to the Clinic**

The Child and Adolescent Outpatient Eating Disorders Clinic is a multidisciplinary specialty clinic that is a part of Arkansas Children's Hospital's Adolescent Medicine Program. The Eating Disorders Program offers specialized outpatient services to children, adolescents and families for the evaluation and treatment of eating disorders, such as anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified.

The program's treatment components include individual psychotherapy, group psychotherapy, parent support group, medical monitoring and management, and nutritional services. Family therapy is also provided as needed. Referrals for psychiatric evaluation for medication management are recommended when necessary.

### **Clinic Location:**

Arkansas Children's Hospital  
Outpatient Eating Disorders  
Clinic Satellite Clinic Location:  
David M. Clark Center for Safe &  
Healthy Children  
1210 Wolfe Street  
Little Rock, AR 72202  
501-364-2680

### **Clinic Hours:**

Tuesday and Thursday afternoons  
Monday mornings, 8 a.m. new patient evaluations  
Psychotherapy Group: Tuesday, 5pm to 6pm  
Parent Support Group: Tuesday, 5pm to 6pm  
Hours are subject to change

## **The Multidisciplinary Approach to Treatment**

The multidisciplinary treatment approach to eating disorders is thought to be the most effective way to help patients on the path to recovery from an eating disorder. Our program's approach to wellness includes goals for healthy eating, healthy weight, a positive self-esteem and body image, as well as healthy coping and a balanced lifestyle. Members of our team include a pediatrician (MD), a psychologist (PhD), master's degree therapists, registered dietitians, and a specialty nurse. In our program, the psychologist and master's degree therapists provide therapy.

The family is also a vital part of the treatment team. Parents play a crucial role in supporting their child's recovery by helping their child to follow through with recommendations made by the therapist, physician, and dietitian. Treatment team members will engage in ongoing, collaborative, and detailed discussion with the parents and the patient about the involvement of parents in the treatment and recovery process.

## The First Appointment: The Diagnostic Assessment

The first appointment at the clinic involves a complete evaluation by each of the members of the multidisciplinary team, including the psychologist, pediatrician, and dietitian.

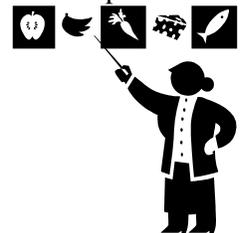
- The **psychology professional** performs an evaluation of emotional and behavioral symptoms associated with the problems surrounding eating. This evaluation is based on the diagnostic criteria for eating disorders that are detailed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR). Self-report questionnaires are provided for completion by the patient.



- The **medical professional** measures physical health and stability by completing a thorough medical history and examination, as well as lab tests (urine and/or blood) and an EKG, if indicated. Bone Density and Resting Energy Expenditure (metabolic test) tests may also be ordered.



- The **nutrition professional** asks about food intake and works with the patient to develop an appropriate nutrition plan for the patient to follow, which is an important component in the learning of healthy eating. Patients are usually asked to keep food records for the next visit.



## **Making the Diagnosis**

The patient's diagnosis is made using the diagnostic criteria for eating disorders described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5). The criteria for the eating disorders treated in our clinic are listed below:



### Diagnostic Criteria for Anorexia Nervosa:

All of the following criteria must be met for the diagnosis of Anorexia Nervosa to be made:

- Weight for Below normal range for age, sex, and development due to restriction of intake
- Intense fear of gaining weight or becoming fat
- Body image distortion, weight or body shape very strongly determine self-esteem, or denial of seriousness of current low weight
- May binge/purge along with restricting

### Diagnostic Criteria for Bulimia Nervosa:

All of the following criteria must be met for the diagnosis of Bulimia Nervosa to be made:

- Episodes of Binge eating
- Inappropriate compensatory behavior to prevent weight gain (vomiting, laxative abuse, diuretic abuse, use of enemas or other medications, fasting, and excessive exercise)
- Binge eating and inappropriate compensatory behaviors both occur at least one time a week for a period of three months
- Body shape and/or weight very strongly determine self-esteem or self-evaluation

### Diagnostic Criteria for Other Specified Eating Disorder:

Disordered eating and body image issues are present and clinically significant; however:

- Atypical Anorexia Nervosa: normal weight but all thoughts and behaviors consistent with Anorexia Nervosa
- Purging Disorder
- Sub threshold Bulimia Nervosa: Binge/purge activity occurs less than once a week or for less than three months
- There are other eating disorders without body image distortion or concerns.

### ***What Happens after the Evaluation?***

Upon completion of the evaluation, the psychologist and the pediatrician meet with the family to discuss the diagnosis and make recommendations about the best treatment for your child. If treatment at the clinic is indicated, the necessary follow-up appointments should be scheduled. Typically, medical appointments are made by the family with the front desk staff prior to leaving the clinic or by calling the clinic. The medical doctor will inform the family regarding how soon they should return for the next medical appointment. The therapist assigned to provide therapy services to the patient will contact the family a few days after the initial evaluation to arrange these appointments. Patients do not need to schedule appointments with the dietitian as he/she will automatically see the dietitian at the medical appointment. Team members make every effort to coordinate medical and therapy appointments for the same day.

The families of those patients diagnosed with an eating disorder will be provided brief education on causes, behavioral and emotional symptoms, medical complications, and treatment of eating disorders as well as discussion/advice on how parents and other family members can be helpful and supportive of their child or adolescent. Educational resources will be provided, including recommended books and internet sites.

Referrals and/or recommendations will be provided if treatment at our clinic is not recommended. Members of our treatment team may consult with outside professionals who will be providing treatment to the patient and family if needed or requested.



## **Treatment Commitment: Components of the Treatment Program**

Treatment includes individual therapy, group therapy (as indicated), medical monitoring, and nutritional support. Each treatment component is essential to the recovery process, thus, involvement in all recommended components is required. Therapy is the most essential component to recovery from an eating disorder. Patients must attend individual therapy and group therapy (if recommended by the treatment team) on a weekly basis. Parents are expected to attend the parent support group which is held simultaneously with the therapy group. Frequency of medical monitoring and nutritional support appointments are decided at each medical visit. It is important that patients and their families attend and participate in all recommended components of the program on a regular basis. With patient and family involvement and compliance with the treatment protocol, recovery from an eating disorder is possible. We have seen many patients progress to wellness and recovery.

### **Individual Psychotherapy**

Individual psychotherapy is the *most important* component of treatment of an eating disorder. In our program, the psychologist and masters level therapists provide therapy. **Sessions are held weekly at the onset of treatment.** Frequency of these sessions may change with progress in treatment. Therapy focuses on thinking patterns, body image, self esteem, and general coping skills, among other issues related to the eating disorder. Our treatment interventions are based on research which shows what is beneficial in promoting recovery. We follow evidence-based practices which are treatment interventions that have been researched to be effective in treatment of eating disorders. Our therapists tend to use ideas and methods from Cognitive-Behavioral Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and Family-Based Treatment (Maudsley) approaches.



### **Group Psychotherapy**

Group therapy sessions are held on Tuesday evenings from 5 p.m. to 6 p.m. It will be determined by the team whether a patient needs to be involved in the group therapy component of our treatment program. **Attendance on a weekly basis is required.** These groups are structured and include planned educational treatment activities combined with a supportive environment where patients can talk about their struggles and obtain support. Research has consistently demonstrated group therapy to be a valuable addition to individual treatment. Parents are often concerned that their child will learn new or additional negative behaviors related to eating through their participation in group. Parents should be aware that the group leader provides structure and guides the group discussion, putting effort into maintaining healthy group activities and discussion.



### **Parent Support Group**

Parent Support group sessions are held on Tuesday evenings from 5 p.m. to 6 p.m. This group is open to family members of the patient. Under-aged members may not be appropriate for this setting. One of the therapists leads the parent support group, which includes an educational component and a supportive environment. Feedback obtained from parents and patients regarding the parent group have consistently indicated the positive impact of the parents' attendance in the parent support group on both the patient and the family.



### **Medical Monitoring and Nutritional Support**

Patients will be regularly monitored by the pediatrician and the dietitian. Frequency of medical monitoring and nutritional follow-up appointments are determined by necessity based on medical status and medical/nutritional needs. Patients do not need to schedule appointments with the dietitian as these services will automatically take place alongside the medical appointment.



### **Important Information Regarding Treatment and Recovery:**

The *average* duration of treatment for an eating disorder is two years. Recovery is very individualized with patients recovering at different rates. Some recover in less than two years while others require more than two years of treatment. Some patients are in and out of treatment throughout their lives. It is very difficult to determine what recovery will look like for each patient. Some patients recover fully and have no recurrence of the eating disorder while other patients recover but have periods of relapse during times of increased stress. There are also patients who never fully recover but struggle with symptoms at varying levels of severity throughout their lives.



The treatment team will work collaboratively with the patient and parents in deciding when a patient is ready for discharge from treatment. Treatment progress and medical, emotional and behavioral readiness for discharge will be regularly discussed with the patient and family. It is tempting for patients and their families to desire to leave the treatment program when the patient's medical status has improved; however, it is important that the patient arrive at mental well-being before leaving treatment. Remember, psychotherapy is the *most important* treatment component in the recovery from an eating disorder.

## **The Road to Recovery**

- Average treatment duration tends to be two to three years
- Each patient's recovery is different; no patient's recovery is the same
- Recovery from the eating disorder is mostly the patient's responsibility; family and friends can be helpful as a source of support but the patient is responsible to do the work towards recovery
- Patients whose families are actively involved in the patient's treatment have a better chance of recovery
- Early intervention is key; prognosis is better the sooner treatment is started after onset of the disorder
- Adolescents have better prognosis compared to adults who have suffered from the illness for an extended period of time
- Full recovery is not guaranteed, but it is possible

**Informative Resources for Patients and Families:**

National Eating Disorders Association (NEDA): [nationaleatingdisorders.org](http://nationaleatingdisorders.org)

[Theelisaproject.org](http://Theelisaproject.org): The Elisa Project is nonprofit organization created by the family of a woman with anorexia who committed suicide. This is an informational website for professionals and families.

American Dietetic Association (ADA): [eatright.org](http://eatright.org); nutrition resources

[Mypyramid.gov](http://Mypyramid.gov): nutritional resources

[BodyImageHealth.org](http://BodyImageHealth.org); building healthy body image esteem

[Eatingdisorderhope.com](http://Eatingdisorderhope.com); information on recovering from eating disordered behavior

Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T): [feast-ed.org](http://feast-ed.org)

[Something-Fishy.org](http://Something-Fishy.org); informational website on eating disorders

Gurze Books ([gurze.com](http://gurze.com)); books on eating disorders

\*Inclusion on this list of resources is in no way an endorsement of these sites. The clinic is not responsible for the informational content of these sites.

## References

Helping Your Child Overcome an Eating Disorder: What You can do at Home; Bethany A. Teachman, Ph.D.; Marlene B. Schwartz, Ph.D.; Bonnie S. Gordic, B.A.; Brenda S. Coyle, Ph.D.; 2003; New Harbinger Publications

Just a Little Too Thin: How to Pull Your Child Back From the Brink of an Eating Disorder; Michael Strober, Ph.D.; Meg Schneider, M.A., LMSW; 2006; Da Capo Press

Talking to Eating Disorders: Simple Ways to Support Someone with Anorexia, Bulimia, Binge Eating, or Body Image Issues; Jeanne A. Heaton, Ph.D.; Claudia J. Strauss; New American Library; 2005

The Parents Guide to Eating Disorders, Second Edition; Marcia Herrin, Ed.D., MPH, RD and Nancy Matsumoto; 2007; Gurze Books

Surviving an Eating Disorder: Perspectives and Strategies for Family & Friends – Revised Edition; Michelle Siegel, Judith Brisman and Margot Weinshel; 2009; Gurze books

Conquering Eating Disorders: How Family Communication Heals; Sue Cooper, PhD and Peggy Norton, RD; 2008; Seal Press

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