How to set up a local Outpatient Eating Disorder Service

Who am I? - Judith Leahy

- A practicing dietitian since 1982
- public and private settings, urban, regional and rural ie. Northside Clinic in Sydney, community health centres, medical practices, gyms, private practice.
- Multidisciplinary teams, project teams.
- Health Promotion officer -7 years
- Public Health/ Community Nutritionist - 11 years
- Co-ordinator of Central Coast Eating Disorders Outpatient Service - 11 years
How it all began.....
History 1996 ---------2015

- 1996 a needs assessment conducted to look at gaps in services for people with eating disorders on the Central Coast.
- 1996-1999 a Central Coast Self Image and Disordered Eating Committee formed to address issues raised in needs assessment.
- 1999 feasibility study and submission written for an Early Intervention Outpatient Service.
- 2003 the Eating Disorders Early Intervention Outpatient Service (1.7 FTE, 1.5 clinic days) commenced, funded by Community Health
- 2007 -2011 Pilot Day Program funded by NSW MHDAO
- 2011 Day Program (3.8 FTE) recurrently funded.

1996 Needs Assessment - Recommendations

- Conduct a Central Coast Eating Disorders Forum to discuss the findings and consider a plan of action
- Investigate the possibility of providing a co-ordinated approach
- Establish a Working Party
- Conduct a feasibility study to establish an early intervention program
- Encourage greater networking of service providers
- Interview GP’s
### 1996-1999 a Central Coast Self Image and Disordered Eating Committee

- Prevention and Promotion
- Data mining/collection/analysis/interpretation.
- Network of support for professionals
- Establish external partners
- Liaison between Health and Education (pre School-Link)
- Develop Model of Care/Treatment

### 1999 - feasibility study and submission written for an Early Intervention Outpatient Service.

- $250,000; 2.5 FTE; Co-ordinator, Social Worker, Dietitian, Clinical Psychologist
- 1999 Ceased the CC Self Image and Disordered Eating Committee.
- Nutrition Dept withdrawal of treatment following Youth Health withdrawal
- AN care plan (from ED to inpatient); Info. packs; membership of State networks maintained
July 2003 the Eating Disorders Early Intervention Outpatient Service (Initially 1.2 FTE, 1.5 clinic days), funded by Community Health

- $110,000; 1.2 FTE (clinician), Social Worker, Dietitian, Clinical Psychologist; 0.5 FTE Co-ordinator
- 1.5 clinic days
- Will we or wont we?
- All Staff ‘on board’ - Oct. 2003
- ‘Go Live’ - Feb. 2004
- Preliminary review - June 2004.
- Additional 0.1 FTE Dietitian

Eating Disorder Early Intervention Outpatient Service

- We provide individuals and families with early identification, assessment, referral and treatment for people with disordered eating symptoms, those at risk of developing an eating disorder or those in the early stages of an eating disorder.
- Individual and family therapy with concurrent nutritional counselling and education.
  - Psychotherapeutic approaches include:
  - brief solution-focused therapy,
  - guided self-help, Narrative Therapy,
  - Cognitive Behavioural Therapy,
  - Readiness and Motivational Enhancement Therapy, Family Therapy, Maudsley model of family therapy.
Inclusion criteria 2003

- All ages: Children, Adolescents & Adults
- Severity: Mild to moderate level; that can be treated in an outpatient setting; are medically stable; BMI>15.
- Need to be willing to see a GP by the time that treatment commences at our service.
- Limited to early intervention.
- Symptoms that meet criteria for diagnoses for roughly <1 year AN, <5 years BN/EDNOS.
- **Exclusion:** Other primary MI diagnoses, or severe presentation requiring referral.

Client profile 2004

- 46% never sought help before
- 10% male
- 48% are 15-19 years of age
- 13% are 10-14 years of age
- 9% are less than 9 years of age
4 week Intensive Multi-disciplinary Model

- Trans-diagnostic in nature
- weekly appointments with clin. psychologist and dietitian, GP monitoring, +/- family therapy.
- we use CBT, Motivational Interviewing, Solution Focussed Therapy, mindfulness, nutrition and psychoeducation, awareness of eating, Family Therapy.

Reviewed in week 5

- continued or reduced frequency of appointments
- step-up to Maudsley Model

Pros and Cons

- momentum and motivation
- eating occasions -tackled on weekly basis
- helps parents focus on seriousness of condition
- change in relationships if switch to Maudsley Model.
Sarah

- 19 years old
- Bulimia on and off for last 4 years
- dancer 3-18 years
- dieting for ‘years’
- daily weighing
- BMI 20.8
- incentive - university

- Intensive model
- 6 psychologist sessions
- 4 dietitian sessions
- 2 months
- 100% resolved

Initial Experience with Maudsley Model of Family Therapy

- Select clients and parents carefully
- large parental commitment both time and energy.
- initially using co-therapists and video-taping
- session 1 turn-arounds
- Phase 1 shorter due to earlier treatment/intervention.

- Clinicians able to manage the paradox of engaging parents and raising their anxiety at the same time.
- parents empowered to ‘fight’ the ‘externalised’ anorexia
- Clinician confidence growing will ‘go solo’ soon.
- Appropriate clients chosen
Early Intervention

- No. of clients contacting service is increasing
- More clients with co-morbidities and extreme measures of depression, anxiety, and stress
- More clients with amenorrhea
- BMI is lower at contact with the service
- More clients with AN contacting us
- More clients with AN + purging

Early Intervention - Snap shot of 2013

- Assessment –1-3 weeks wait
- Treatment –average 14.4 weeks wait.
- 97% accepted for Treatment put on waiting list
- ~75% of individuals would need Maudsley Therapy
- Duration of treatment (MFBT) 9-12months

Solution: Change Model of Care and trial Group Maudsley FBT “Restore”.
Restore Structure cont.

Now in 2014
- Family Assessment
- Readiness Appointment
- 6 weekly 2hr Parent Group sessions with 1hr individual family weight check appointments
- *Plus 4 weekly individual family sessions (1st session is a review of progress)
- *Plus 4 fortnightly individual family sessions
- Then Discharge session

“23 sessions over 24 weeks”

Nutrition Component – food diary analysis

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Percents of daily requirements.
Benefits to the Restore Model

- Offers support to parents with other parents
- Provides flexibility - Both parents do not have to attend – one or both parents can attend
- Whole family to not need to attend all sessions
- Nutrition component
- As a service we can see more families and offer treatment to them

Benefits to the Restore Model

- Treat both AN and BN at the same time
- Achieved weight gain and decreased ED behaviours
- Shorter duration of treatment
- Decreased waiting time for treatment, reducing deterioration of symptoms
Where are we now with Early Intervention?

- Pursuing opportunities to have Restore as research pilot
- Current snapshot – last week
- 6 with restrictive ED; 2 BN, 3 OSFED, 0 males
- Maudsley FBT: 8; Non-Maudsley: 3
- Total: 11; Inpatient GDH: 1
- Waiting Assessment: 4
- Waiting treatment: 11

2007-2011 Pilot **Day Program** funded by NSW MHDAO
2011 **Day Program** (3.8 FTE) recurrently funded.

- We did get staff on board first to develop the Model of Care
- Did things a bit differently……
- Vision, Mission, Objectives
- International Paper comparing over 15 models of care
- Open or closed; continuous or not; to weigh or not to weigh …etc
- Continually evolving/improving
Central Coast Eating Disorders Day Program

Vision:
To create a world that promotes acceptance and celebrates physical, emotional, mental and spiritual well-being and diversity.

Mission:
The Eating Disorders Outpatient Service is the primary source of support, information, prevention and treatment for people with eating disorders and their families on the Central Coast. We provide a service that strives for excellence of care in a safe, nurturing environment to enhance recovery with hope, acceptance and freedom.

Objectives:
1. to provide a safe, nurturing, therapeutic environment with love and consciousness.
2. to promote positive body image
3. to encourage hope and help-seeking through education and awareness
4. to advocate excellence in the provision of treatment for people with eating disorders on the Central Coast
5. to promote understanding of the complexities of eating disorders and the need for a compassionate and holistic response
6. to facilitate full recovery from an eating disorder for people and their families
7. to pioneer the development of an innovative and effective model of care for people with eating disorders and their families on the Central Coast.
8. to be joyful.

Day Program Team

- 3.9 FTE, all part-time
- Co-ordinator 0.5 FTE
- Clinical Psychologist 0.82 FTE
- Dietitian 0.82 FTE
- Social Worker 0.52 FTE
- MH Nurse-GP/Inpatient liaison 0.2 FTE
- Art Therapist 0.2 FTE
- Admin. Officer 0.7 FTE
Day Program Structure

Multidisciplinary treatment team 2.5 FTE

**Weeks 1 to 6**
- Open program….8 week cycle.. 6 weeks intensive group therapy
- Monday, Wednesday, Friday. 9.30-4pm
- Concurrent individual treatment.(not in pilot)
- Staff to participant ratio 2:6

**Weeks 7 and 8**
- Continued individual treatment.
- Participants are reviewed and given feedback.
- Staff conduct assessments and pre-admission clinics
- Staff plan next 6 week block.
- Staff receive supervision, training and ‘rejuvenate’

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### 2014 Day Program Timetable

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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tr>
<td>Pascale and Cate</td>
<td>Rosie and Cate</td>
<td>Sign in</td>
<td>Sign in</td>
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<td>9.15 Sign in</td>
<td>9.30 Weigh in</td>
<td>Morning Tea:</td>
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<td>Art Therapy</td>
<td>Psychological Session</td>
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<td>Bring a fusion food</td>
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<td>Yoga</td>
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<td>10.10</td>
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<td>11.00 Nutrition Session</td>
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<td>12.00 Lunch:</td>
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<td>Lunch Preparation</td>
<td>Lunch: Participants to</td>
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<td>1.00</td>
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<td>3.00 Afternoon Tea:</td>
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<td>3.30 Reflection time</td>
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<td>4.00 Sign out</td>
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NSW Central Coast Local Health District
In the Pilot ....We found that...

- Duration of illness is not significantly associated with ED severity.
- Worse Quality of Life (QoL) is associated with higher ED severity.
- Anxiety and depression scores DO NOT predict EDE scores at discharge.
- Our model of care is significant and predicted 61% of the variance in EDE discharge scores.
- QoL at discharge predicted 57.5% of the variance in EDE discharge scores.

In the Pilot...We found that...

- People who are morbidly obese (BED) can be successfully treated alongside people who are morbidly underweight (AN).
- Acceptance and Commitment Therapy can be used successfully as a therapy model for ED day programs.
- Having a designated researcher position as part of the pilot project FTE is essential.
- There is a demonstrated need for an Outpatient clinic to support clients waiting to enter the Day Program or after leaving the Day Program.
Case study - Sandy

- Female, 34, BMI 63 (1.56m 154 Kg)
- Binge Eating Disorder, 17 years duration
- No inpatient stays
- Worst scores on EDE, Body Attitudes test, DASS, Rosenberg Self Esteem Scale, Quality of Life scale etc
- Other medical risks due to morbid obesity
- 12 weeks at program
- Significant Improvements in all areas
- 10kg weight loss
- Attending therapy group once/ week
- Working, studying.

“Sandy”

- “I am a health professional. For years I struggled with body image issues; obsessive behaviour related to my weight and extreme dieting. 18 months ago I was diagnosed with an Eating Disorder”

- “prior to this to this I had little understanding other than I had no ‘willpower’ and continued to ‘fail’ at any attempts to lose weight. This led me to more restrictive eating behaviours, binging and purging of food, depression, and anxiety.”

- “18 months ago things were bleak and I thought that I would die as my life would not improve. Family, friends and my GP all reinforced my belief that I had no control with dieting and must try harder”
“Sandy”

• “after 12 weeks in the program I am no longer purging, my restrictive and binging behaviours have improved and I am more connected with myself physically and emotionally as well as significantly reduced symptoms of depression and anxiety.”

• “The 12 weeks hasn’t been a ‘walk in the park’- it was exceptionally challenging and emotive. I made changes that I never expected.”

• “as one of many people who struggle with an eating disorder I look forward to living life without it”.

Day Program Now....

• Open not ‘closed’
• Behavioural readiness task before entry, particularly for AN
• One week trial
• Recommend 6 weeks x 2, maximum 4 programs
• Individual therapy in conjunction with Day Program
Day Program Future....

- Need an Outpatient Service:
  - to support clients in preparation for Day Program – Step-in
  - to support clients after Day Program
  - for clients whom the Day Program does not suit.

Questions